Local Communities Implementing the Continuity of Care in Breastfeeding Support Blueprint

August 2022

NACCHO
National Association of County & City Health Officials
Local Communities Implementing the Continuity of Care in Breastfeeding Support Blueprint

In fall 2021, with funding from the Centers for Disease Control and Prevention (CDC) and through a Request for Proposals, NACCHO selected 10 local-level organizations and their community partners to implement at least two recommendations from the Continuity of Care in Breastfeeding Support: A Blueprint for Communities to improve the local chest/breastfeeding landscape in their Black, Indigenous, and other People of Color (BIPOC) communities. This resource outlines project implementations, successes, challenges and lessons learned. These success stories series and tools/resources developed by grantees can be found on the Blueprint website.

Cincinnati’s Multidisciplinary Approach to Breast/Chestfeeding Continuity of Care: The BACCS Project and MORE!

Julie Ware, MD, MPH, IBCLC | Cincinnati Children’s Hospital Medical Center, Jamaica Gilliam, CLC | Hamilton County Public Health

Synopsis

Despite a multitude of available resources for lactation support, we do not have a systematic way to be sure that all families receive the support they need for breastfeeding success. Through NACCHO’s Blueprint grant, our partnership between Cincinnati Children’s Hospital Medical Center (CCHMC) and Hamilton County Public Health has worked to improve continuity of breastfeeding care for our community. The HCPH Ohio Equity Institute (OEI) team is working to create breast/chestfeeding friendly worksites, childcares, and businesses with the BACCS team (Breast and Chestfeeding Community Support). Cincinnati Children’s is working with a multidisciplinary team to develop a risk factor tool to use in creating a warm handoff from hospital to home, along with development of consistent prenatal education messaging. In addition, we are all working to increase diversity within our lactation workforce by training...
Black, Indigenous and People of Color (BIPOC) individuals on lactation support with mentoring for Certified Lactation Counselor (CLC) and training to become “Breastfriends.”

**Challenge**

Cincinnati is fortunate to have an abundance of lactation support, but limited lactation expertise within the BIPOC population, and there are substantial gaps in connecting BIPOC families to services. Although overall regional breastfeeding rates are increasing, substantial racial and ethnic disparities persist. In Hamilton County, only 57.6% of Non-Hispanic Black women provide any breastmilk at eight weeks, compared to 72.3% among Non-Hispanic White women. Neighborhood breastfeeding data highlight even greater disparities, with only 50% breastfeeding initiation in some neighborhoods, compared to 100% in others.

In Hamilton County, the steepest drop-off in breastfeeding occurs within the first few weeks of life, especially in areas of economic deprivation. Additionally, an analysis of the gap between breastfeeding initiation in the birth hospital and continuation at the “3-5 day” newborn visit at CCHMC Primary Care Clinics has identified an approximate 20% decrease in breastfeeding between discharge and first visit. We also learned through our quality improvement work that many families did not receive any breastfeeding education during the prenatal period by their OB provider.

**Solution**

Our CoC implementation focused on the following three Blueprint recommendations:

**Strategies from Blueprint Recommendation #2**
(Lactation-friendly environments and breastfeeding Policies, Systems and Environmental solutions):

The BACCS team has been focused on Businesses, Childcare and Workplaces. The mission of the BACCS project is to identify, support, and acknowledge breastfeeding-friendly spaces and organizations. HCPH OEI team is leading this effort with the assistance of three Community Breastfeeding Advisors. They have created a PUSHBACCS list (People United in Sharing Useful Breastfeeding And Chestfeeding Community Support) and have been identifying key representatives as points of contact for breastfeeding outreach and support.

**Strategies from Blueprint Recommendation #3**
(Care Coordination, Consistent Messaging and Warm Hand-offs):

Cincinnati Children’s is working on prenatal education, risk factor identification, and the “Warm Handoff” project with community partners – birth hospitals, WIC, Southwest Ohio Breastfeeding Coalition (SWOBC), community moms, and neonatology staff. The prenatal consistent messaging work has progressed from surveys to moms and community lactation supporters, to content development and review with Community Breastfeeding Advisors, to current development of creative work through infographics and videos. Risk factor identification is completed and is now being added to lactation notes, which will be collected in discharge summary notes.
Strategies from Blueprint Recommendation #5
(Building community capacity through lactation training and diversifying lactation workforce):

Chris Auer, a retired University of Cincinnati registered nurse and IBCLC, along with the BACCS team, are leading this effort. Chris has mentored three BIPOC women to take the CLC exam with the creation of innovative study tools. Another individual is still being mentored to take the exam. The BACCS team has held a successful Reaching Our Sisters Everywhere (ROSE)’s “Breastfriend” training. This peer-support training focuses on providing intense encouragement and support within the first weeks postpartum.

NACCHO’s Continuity of Care in Breast/Chest-feeding Support grant has supported this project as well as in-kind assistance from HCPH’s OEI team, and from members of Cincinnati Children’s, the SWOBC, and WIC.

Results

- The BACCS Team has collected over 25 agencies involved with maternal and infant health.
- BACCS has initiated assessments of childcare sites and collected their interest in becoming breastfeeding friendly. Partnering with Head Start (23 sites) via the Community Action Agency will help with the application process through the Ohio Department of Health.
- We partnered with many worksites interested in learning about breastfeeding friendly spaces, and prepared a presentation about state and federal guidelines based on the Ohio Workplace Plus Employer Guide.
- We updated the Resource Guide with our partner team and the Southwest Ohio Breastfeeding Coalition. This resource is available at: www.swohio-bc.org.
- We developed a Risk Factor Tool to alert physicians discharging newborns of possible need for special breastfeeding expertise. This tool is in the process of being incorporated into the Lactation Notes/Flow Charts in our EPIC electronic health records (EHR) system, in one area hospital system. This will then be incorporated into a “Dot Phrase” for the discharging physicians. A survey will soon be launched to a comprehensive group of physicians accepting newborns, to identify preferences for receiving the information provided at the time of discharge.
- Working on establishing a Warm Handoff system: We have been able to “Sound the Alarm” to galvanize access for newborns when there has been a shortage of appointments in our community. Seeing our work in progress creates tangible successes for new families.
- Implemented Consistent Prenatal Breastfeeding Education: The content developed includes the following themes:
Breastfeeding looks different for everyone; the benefits of breastfeeding to mom and baby; “It takes a Village.” Two of our birth hospitals will also load the education on hospital prenatal apps, and collect follow-up data on usage, connected to breastfeeding initiation and continuation.

**Lessons Learned**

We have realized that we were ambitious in our goals for completion in such a short time, and we are still working on these activities through October 2022. Planning for time needed is very important and we overestimated the speed with which we could accomplish our many goals for the project. The hours needed for program implementation exceeded available time in schedules for all partners. However, the vision is shining through, and we have made progress in many areas.

We recently had a major win when it comes to breastfeeding-friendly childcare recognition. An OEI client reached out to one of the OEI navigators for assistance with preparing a “back to work” breastfeeding plan. The mom and the navigator worked together in preparing a pumping plan, covered milk storage education, and even contacted the daycare to ascertain if they were prepared to serve breastfeeding infants. A few weeks later, the mom reached out with major complaints about her daycare, including her milk being dumped due to an “odd smell” and solid foods introduction!

The OEI and BACCS team promptly researched this daycare, which is an Early Head Start facility. One of the BACCS team is part of the Head Start Parent Policy Council and shared our project mission in a well-received presentation. This spurred a formal partnership with BACCS and Community Action Agency’s Head Start Program (CAAHS). The next step is to finish the initial assessments of 8 of the 23 Head Start sites with support from the CAAHS Education Coaches.

For the Cincinnati Children’s-led efforts, working with a collaborative of hospital systems has been complicated, due to staffing issues, COVID concerns, and competing interests. Despite this, “sounding the alarm” for newborn access has been a key benefit to our community while we are still working on the details of our Warm Handoff.

Regarding CLC mentoring, with varying life-situation obstacles, Chris was able to work with the mentees’ availability, either meeting in-person, or via Zoom. She is also considering taking the online course herself to carefully review the syllabus and the required reading so she can better inform the content needed to mentor the group. Sadly, two of the mentees did not pass the test, but are planning to re-test, and one mentee is soon to take the exam.
Supporting Southernmost Families Through Breastfeeding Continuity of Care in Florida Keys

Erin Donald | Florida Keys Healthy Start Coalition (FKHSC)

Synopsis

From November 2021 to July 2022, Florida Keys Healthy Start Coalition (FKHSC) was one of NACCHO’s Continuity of Care in Breastfeeding Support grant recipients, and implemented two of the Blueprint recommendations.

FKHSC recruited and trained 15 Certified Lactation Counselors (CLCs) to provide breastfeeding education and support throughout Monroe County. In addition, FKHSC worked with 50 local businesses to improve workplace breastfeeding policies, practices, and support in Monroe County. We built lactation rooms in three schools and three government buildings, and secured signatures from 50 businesses committed to providing adequate space and break time for their pumping employees.

Challenge

The Florida Keys present very unique geographic challenges; namely, a series of islands spanning 120 miles and connected only by 42 bridges. There is one Labor and Delivery Unit in our rural county at mile marker 5, and the next closest is on the mainland 130+ miles away, along with all intensive medical care. Prior to this grant, there were very limited skilled lactation support professionals available in our county: two International Board-Certified Lactation Consultants (IBCLCs), one at FKHSC and one working part-time at a local hospital, and no Certified Lactation Counselors (CLCs). With such limited capacity, the existing lactation support consultants were often stretched very thin. Additionally, many families in the Keys work in the tourism and hospitality-based industries which result in low pay, long hours, lack of benefits/insurance, and fast-paced work environments that are not always supportive or family-friendly.

Solution

Strategies from Blueprint Recommendation 5
(Increase community’s lactation support capacity):

- FKHSC is proud to announce the successes of our program in Monroe County, Florida. While we initially planned to train 10 CLCs, due to an overwhelmingly positive and enthusiastic level of interest, we ended up accepting 15 students from a wide variety of cultural and professional backgrounds and include five FKHSC community-based staff, three Healthy Start care coordinators, three pediatrician office staff, three community members, one Labor and Delivery Unit nurse, and one WIC peer counselor.
Collectively, they will be able to provide support in English, Spanish, and Haitian Creole.

**Strategies from Blueprint Recommendation 2** (Improve lactation-friendly environments through Policies, systems, and environmental solutions):

- We created lactation rooms in places of employment where there previously was no dedicated space for parents returning to work after giving birth. Families reported to us that they were pumping in the bathroom, in their cars, or in their offices/classrooms with a fear that they may be interrupted at any point due to a lack of privacy.

The six new lactation rooms are located at Key Largo School, Coral Shores High School, Horace O’Bryant Middle School, RIC DOH Building, Roth DOH Building, and Gato DOH Building. Additionally, our team reached out to over a hundred local businesses and organizations, inviting them to make the pledge to be family-friendly and breastfeeding-friendly employers by providing the space and breaktime to pumping employees. We offered to provide resource guides, information packets, HR training, and signage to businesses willing to participate in this county-wide commitment to families.

We received signatures from over 50 businesses dedicated to this initiative, including local clinics, schools, health and human service organizations, hardware stores, chiropractic offices, insurance agencies, clothing stores and boutiques, spas and nail studios, gyms and fitness centers, hotels, restaurants, and more.

**Results**

The Continuity of Care in Breastfeeding Support Blueprint afforded us the opportunity to increase the amount of lactation support professionals and improve workplace policies for breastfeeding parents.

New and growing families in the Florida Keys now have 15 CLCs available to help them with their breastfeeding journeys. Not only has our capacity grown, but we also know that families will receive consistent and evidence-based information from trained and certified support workers. Whether a parent is coming to our office for a car seat installation or taking their infant to a wellness appointment, they can be confident that any questions or concerns they have about lactation will be addressed. Teachers at the three local schools in our county were happy to report using the new lactation rooms on the same day they were built. They had a tremendous amount of gratitude for
FKHSC, and the school district’s demonstrated support through this initiative. Breastfeeding employees at local businesses have also expressed a great deal of thanks that their employers are now having conversations with them about lactation policies that lay out clear protections for time and space to pump when returning to work after birth.

Lessons Learned

The opportunity to participate in implementing some of the strategies from the CoC Blueprint could not have come at a better time. Our team had been discussing ways to support both breastfeeding families and employers who were struggling to retain staff, especially those who were not returning after parental leave. By being able to provide clear, step-by-step support to both families and local businesses, we were able to address both issues and improve the health and well-being of parents and children and allow them a safe and supportive workplace. We initially had several additional schools and businesses that were interested in creating lactation rooms but were unable to identify or commit the limited space in their buildings for this purpose. This lack of physical room was our largest challenge in implementing breastfeeding support. We continue to offer creative and out-of-the-box solutions to employers and families. While not always ideal, the simple addition of curtains, room dividers, temporary locks, and appropriate signage will still afford pumping employees more privacy and support than when they were previously using the bathroom or their car. Our team was able to build strong working relationships with local businesses in order to create a larger, system-wide shift in our county’s approach to lactation support for employees. We believe this work can be successfully replicated in other places and are happy to provide help and support to organizations interested in improving the continuity of care in their communities.

We have also built an online self-referral link to our breastfeeding support on our website, being launched live in August 2022 in concert with World Breastfeeding Week.

Panoramic Doula Works to Provide Traditional Care for Indigenous Communities Highlighting Continuity of Care

Lindsey McGahey, IBC, IFSD | Panoramic Doula

Panoramic Doula is a grassroots project led by Lindsey McGahey that is deeply rooted in traditional Indigenous birth keeping and medicine. Lindsey works on the foundation of returning historically traditional care to Indigenous populations in an effort to reclaim community health and wellness in marginalized groups. Serving within her own tribe and others that live within Chippewa County and surrounding areas, Lindsey has brought traditional doula work, postpartum care, and lactation support to 17 families at no cost, following the parameters of this project which went above and
beyond for her community, with the original blueprint recognizing the support of 15 families in continuing care of lactation support. Because of this project, 17 families were able to access full-spectrum traditional care inclusive of prenatal education, birth planning, postpartum care, and traditional food education with postpartum meal support, which deeply enriched their experience and the breastfeeding support they received.

Challenge

Indigenous communities have been marginalized since the dawn of colonization in America. We recognize that subjugation of Indigenous peoples included assimilation efforts to erase traditional values and knowledge of Indigenous people. Repatriation efforts are just beginning, but at this time, systems continue to fail the Indigenous population. Today, the Indigenous infant mortality rate is three times greater than white infants and an Indigenous mother is 2 ½ times less likely to seek prenatal care. Indian Health Services commonly do not have the capacity for prenatal, birth, or postpartum care. Babies in Indigenous communities that are not breastfed have a 73% increased risk of SIDS vs white infants. Indigenous babies who are not breastfed have an increased risk of obesity, heart disease, and diabetes.

Today, 1/3 of Native Americans struggle with diabetes, which is the 4th leading cause of mortality among Indigenous peoples. This is disturbing, considering historically breastfeeding and human milk sharing was socially accepted as a normal way of life. Collective trauma made it impossible for communities to return to their traditional ways of life, which center health and well-being. Lindsey is working to normalize a change in this narrative and fill in gaps within her community.

Solution

Panoramic doula is working to restore health and wellness within her community and the Indigenous communities abroad by honoring the necessary change in the narrative of Indigenous communities surrounding birth and continuity of care. Lindsey brings awareness to the need of birth and lactation care as a human right and works alongside community partners such as the Michigan Breastfeeding Network to break down the barrier of funding disadvantages in marginalized communities. Together, they are bringing forth efforts to serve families regardless of economic status. For many Indigenous families, trust is also a major barrier. Community peer resources like Panoramic Doula are an integral part of the solution. Beginning in late November of 2021 and finalizing in late May of 2022, we used funding received from the Implementing the Continuity of Care in Breastfeeding Support Blueprint grant provided by the National Association of County and City Health Officials.
to serve 17 families in Chippewa County and outlying settlements with rich, full-spectrum wellness practices, with a focus on bettering breastfeeding outcomes while simultaneously reintroducing families to traditional Indigenous care and values.

Funding was also used to purchase lactation essentials and necessary postpartum care items to create comprehensive care packages that fit the hygiene and healing needs of a postpartum and lactating person. By building relationships and trust, Lindsey was able to fill in gaps for families that would have otherwise been missed by our local systems. Within this project, Panoramic Doula was able to recognize two other Indigenous Breastfeeding Counselors and create relationships in an effort to open the possibility of sustainably working alongside other community birth and breastfeeding supporters.

Results

The Blueprint strategies selected included those from Recommendation 6 (Cultural Humility and Family-Centered Care) and from Recommendation 5 (Increase community capacity to provide lactation support through training).

Within six months, Panoramic Doula was able to complete the original project goals with funds remaining to serve an additional two families. The present short-term goals for the term of the grant that were met included serving 15 families at no cost with an additional two above and beyond, which resulted in breaking down financial barriers.

With lactation care and other services fully funded, families were able to shift their monies to other needs without the burden of paying for paramount support. Inherently this aligned with intermediate goals of beginning a mino biimadiziwin for families (a good, traditional, healthy, life).

Other intermediate goals that were previously overlooked included the power of reclamation work in traditional diets. Families were introduced to traditional postpartum meals made from healthy and sustainable local foods that are highly nutritious and healing, leaning into long-term goals and health solutions for coming generations.

Long-term goals also included encompassing lactation support and postpartum education that will decrease health risks for infants and lactating people and increase empowerment and health within family units in this lifetime and the next, as new and old traditions are initiated into the family dynamic. Within this grant, funding was allocated for partnership building by identifying two other Indigenous Breastfeeding Counselors within the County and outlying settlements, which was the beginning step in long-term, sustainable, community-based partnership and relationships. Identifying partners allows for sustainable
practices in community birth and lactation care by spreading the area, energy, and time available to serve families.

**Lessons Learned**

The greatest lessons found were in the area of financial burden. Upon accepting this grant, Lindsey had thought that reaching the original planned number of families would prove to be difficult with a lower social media following and still actively gaining trust in the community. What was surprising was that the families were there, in dire need of help but unable to come up with the funds needed to receive care and education from a traditional community resource like Panoramic Doula. Once families were made aware that their care would be fully funded, the need began streaming in left and right. With the financial burden removed, it was also noticed that trust was more openly given. Families realized that doula and lactation care was so important that it had the potential to be funded by other organizations and in turn, they also felt deserving of vital support. As a result, families trusted Panoramic Doula to care for them in many capacities including in home care, during their birth, and in other sensitive areas of their experience. Because of the foundation of trust between Lindsey and families, relationships are still ongoing, and families will be able to keep contact with questions and concerns through the age of natural weaning, making this an additional lesson in sustainable care practices.

Panoramic Doula created care packages to use as tools in serving families to meet any outstanding needs regarding financial burden. Families were presented with kits including lactation essentials and postpartum care and hygiene products. These kits contained Haakas, nursing pads both washable and disposable, pump storage bags, nipple cream, lotion, menstrual pads for postpartum bleeding, hot and cold packs for perineum care (also to be used for engorgement or mastitis), sitz bath salts, diapers, and traditional medicine items such as teas, bath herbs, compress herbs, and dehydrated meals.

**For More Information**

If you would like to learn more about Panoramic Doula, all information can be accessed via Instagram at [@panoramicdoula](https://instagram.com/panoramicdoula).
Developing Continuity of Care for Multiple Settings in Minnesota's Twin Cities

Linda Kopecky | Minnesota Breastfeeding Coalition

Synopsis

Several disjointed activities in the Twin Cities metro area were in place at the beginning of this project, but they were only partially funded, partially connected to each other, and minimally sustainable. They needed a hub, and now the Twin Cities Regional Breastfeeding Coalition (TCRBC) is the center of this network of activities.

Activities addressed **Blueprint Recommendation 2**: one building training opportunities and identifying training needs for area childcare providers; the other expanding a community donor milk distribution model; and **Recommendation 5**: tapping into two pilot workforce development programs to inform and develop an ongoing model for diversifying the lactation consultant field. The final activity addressed **Recommendation 9**: testing and developing a leadership pipeline for TCRBC. This project was most important for us by allowing us to secure sustainable partners and solutions for good ideas and promising pilots.

Challenge

The main concern with the various activities in the metro area can be summarized in one phrase: lack of follow-through. Our breastfeeding initiation rates are good and above the national average, but there are significant disparities by cultural identity, such as within our Indigenous, multi-generational African American and Hmong populations. The duration rates for these communities are all below national average. The support system for families, once they have left the hospital, is disjointed. We have very few lactation consultants or community lactation leaders representing anyone outside the dominant culture, despite incentive programs and good intentions. Training and resources for the support system is equally disjointed; the childcare training developed years ago by Minnesota Department of Health (MDH) was lost when MDH went through website changes; a replacement was never created. Our activities address this lack of follow-through by developing sustainable solutions and building capacity within key partners to create an ongoing method for identifying childcare training needs, build our milk bank’s ability to establish a community donor milk program, diversify our medical lactation workforce, and establish a diverse leadership pipeline. Our grant ends with each of these activities having a home and a solid future.

Solution

Our project centers around the metro Twin Cities: Minneapolis (Hennepin County), Saint Paul (Ramsey County), and extending to Anoka County. NACCHO funding allowed for several “good ideas” to grow and find permanent homes. Work extended from late 2021 through June 2022. The four cornerstones of our work are:
• **Childcare support:** An Anoka County Public Health professional on the MBC Workplace/Childcare team and TCRBC, specializes in childcare support. MBC tapped her expertise, partnered with ChildCare Aware Minnesota (professional development) and cultural coalitions leaders to finalize a two-hour childcare training for Breastfeeding-Friendly designation. An Anoka County survey was replicated in Hennepin and Ramsey Counties. The free training is part of ChildCare Aware’s professional development library. Anoka County helped offset the expenses of finalizing the training module, and a Department of Labor grant help incentivize the surveys.

• **Community donor milk access:** MBC received funding from the Association of State and Territorial Health Officials (ASTHO) to work with food pantries at several Minnesota sites. At one site we created a donor milk distribution model with “Bridge Bags,” 20 ounces of frozen donor milk free for qualifying clients. Complicated to develop, we have a commitment from the milk bank and Hennepin County WIC, including financial support for insulated bags, technical assistance, and simplifying WIC referrals.

• **Workforce development:** timing was optimal for incorporating BIPOC lactation consultant candidates’ perspectives into an MBC-led cohort program. The Bigelow Foundation and the National WIC Association funded the pilot projects supporting the 17 candidates; NACCHO funding compensated them for engagement sessions to collect their recommendations.

• **Leadership pipeline:** three community TCRBC leaders created a series of community engagement activities, developing a coalition leadership pipeline. NACCHO and Ramsey County Public Health funded their compensation, and a University of Minnesota’s School of Public Health intern was funded by a Medica grant.

**Results**

All projects are interconnected and have long-term homes. The process was transformational, more than the outcomes.

Working collaboratively on the childcare training ([www.eagertolearn.org/course-list](http://www.eagertolearn.org/course-list), search “lactation”) and creating a replicable survey tool solidified relationships with community partners. Nearly 300 professionals took the training and 32 childcare settings responded to the survey. The results will help TCRBC and local public health professionals design additional trainings and supports for childcare settings for the next few years.

NACCHO funding for the food pantry partnerships and replicating the Bridge Bag model was critical for allowing the food pantry time to hire staff supportive of the project and take it to the next level. Low-income families in Minneapolis experiencing low milk supply now have access to donor milk combined with lactation support; NorthPoint has ordered 18 Bridge Bags and the pace of distribution is increasing as word of this program spreads. This model is being developed into a toolkit for the NACCHO Blueprint resource page and has received considerable national attention. Northpoint has assumed ownership of the program and we successfully launched a second Bridge Bag program at the Department of Indian Work.
The MBC-led cohort model, which diverse lactation consultant candidates helped form, is called Next Gen Lactation and flourishing. It provides support for nontraditional candidates through funding (grants and an anonymous donation), peer support, guidance from seasoned professionals, and assistance navigating a complicated process. The cohort is advancing through their internships and well on their way to diversifying the medical lactation workforce in Minnesota. Learn more here: https://www.mnbreastfeedingcoalition.org/resources/foster-a-diverse-medical-lactation-workforce.

Finally, the leadership pipeline process helped TCRBC better identify leadership needs, and the steps are being codified into a guidance document for other coalitions to use. The guidance document is attached to this story.

Lessons Learned

We all learned many lessons during this project period. Two of the main lessons center on collaboration and flexibility.

Authentic co-creation is a common theme in public health, and yet very hard to actualize. Co-creation requires time to develop relationships and trust, changes in assumptions and attitudes, and the willingness to sacrifice desired processes or outcomes. True partnerships require a give and take, and a desire – not merely a willingness – to see the other’s perspective and to champion their causes. MBC has solidified exceptional relationships over the period of this project, which can only lead to more innovation for the future. MBC did not get everything it set out to do or create, but that is an essential element of sharing or even giving up power. The leadership pipeline project demanded that MBC give up a certain amount of power to the community team developing the guidelines. The process began to reflect their worldview rather than MBC’s worldview (admittedly that of the dominant culture), and the pipeline the team developed is more authentic to leadership development in underrepresented communities than it ever could have been if MBC had more control.

The lesson in flexibility refers to the donor milk distribution model. NorthPoint needed time – many months – to navigate surges in the pandemic, but also to hire new staff. This allowed the highly committed director to create an office of similarly committed colleagues, so this project had the best chance of success. The time they needed is hard to support with short-term grants, so MBC’s ability to find flexibility through braided funding helped guarantee positive outcomes.

For More Information

Childcare training: www.eagertolearn.org/course-list, search “lactation”

NorthPoint’s Bridge Bag program: https://www.northpointhealth.org/community-food-shelf, scroll to “We Offer”

Next Gen Lactation: https://www.mnbreastfeedingcoalition.org/resources/foster-a-diverse-medical-lactation-workforce
Continuity of Care in North Carolina: The Queen City Cocoa BEANS Dream for Partner and Provider Support

Rachel M. Dean | Queen City Cocoa BEANS Inc.

Synopsis

Queen City Cocoa BE.A.N.S., a community-based organization committed to improving the quality of health for new and expectant families of color in Mecklenburg County implemented two of the Continuity of Care Blueprint recommendations from November 2021 to July 2022.

The first activity, the Daddy BEANS Mentoring Pilot Program, in partnership with RAO Community Health, was designed to increase access to peer-to-peer nutrition and lactation education and support for new and expectant Black fathers. The goal was to help create a safe space for men to talk with other men about all things “daddy-ing.” The second implementation, the Cultivate Provider training, was a virtual on-demand training for providers. It was designed for any provider who serves and supports new and expectant families of color looking to gain more breastfeeding and nutrition knowledge.

Challenge

According to the Centers for Disease Control and Prevention (CDC), African American infants are 15% less likely to have ever been breastfed than white infants. North Carolina’s breastfeeding rates are lower than the national averages in every category, and data from the North Carolina Department of Health and Human Services shows that a wide gap between birth outcomes for white women and African-American women has persisted in North Carolina for years. Three quarters (76%) of Black infants are ever breastfed, which is below the national average of 84% (NC Perinatal System of Care, 2020). Reliable breastfeeding data is not available at the county level in North Carolina. The infant mortality rate for Mecklenburg County (6%) is higher than the national average (5.7%) and slightly lower than the state (7%), respectively.

There is a critical need to increase awareness of the breastfeeding benefits and better support birthing families from communities of color (Mecklenburg County Health Department, 2018; National Institute for Children’s Health Quality, 2021; Chapman & Perez-Escamilla, 2012). Lack of education for mothers and
families of color was noted as the biggest challenge to reducing the racial breastfeeding disparity gap, according to Stacy Davis, BA, IBCLC, executive director of National Association of Professional and Peer Lactation Supporters of Color. Partner support is instrumental in the success of a lactating parent’s journey, however there is a lack of support for fathers in our community. Also, there is limited culturally responsive lactation support training opportunities specifically for providers working with families of color.

Solution

In November 2021, with funds from CDC and NACCHO, we implemented the Blueprint Recommendation 6, Strategy 6.3, through the Daddy BEANS Mentoring Pilot Program, in partnership with CDC REACH recipient, RAO Community Health. We utilized a team of three Cocoa BEANS team members, three members of the RAO staff, four group leaders and 13 community participants. Community members were invited to join an interest meeting followed by a small group training and support group. The training was conducted virtually, so participants were both within and outside North Carolina. Groups were led by Black men and did not have our team members present. A brief synopsis of topics that emerged was provided and we evaluated each group with a survey for feedback. Funds from RAO Community Health were leveraged for this activity.

The additional recommendation implemented was Recommendation 5, Strategies 5.1 and 5.5. The Cultivate Provider Training utilized a team of two Cocoa BEANS team members and three leaders within Novant Health, Mecklenburg County WIC and RAO Community Health. Providers’ recruitment was done via emails, during meetings, and through existing partnerships. The training was conducted virtually and accessible on-demand so that providers could access on their own time. Topics included breastfeeding basics, chronic diseases management, and the importance of this work due to the existing racial inequities in healthcare.

Results

The Daddy BEANS pilot program was successful. A total of 13 participants and four group leaders (17 men total) thoroughly enjoyed their experiences and reported feeling better equipped to support breastfeeding. We plan to continue these groups on a monthly basis, and participants plan to help recruit additional fathers. Most of the participants were new and expecting fathers, mostly ranging from 25–44 years of age. All had children who were breastfeeding or had plans for their child to be breastfed. Their input showed that they appreciated the intimate setting. The biggest challenge was to identify non-traditional methods of recruitment, as social media and email were not as successful.

Some quotes from participants included:

“Thank you for the information! I was able to join and participate. It was a GREAT session and I will share with some other new fathers from my circles.”

“This was so great to get together and kick it with other guys. There are not too many spaces for us and it was nice to know that others have similar thoughts and experiences in being a father.”
The Cultivate Provider Training has also been successful. A total of 10 providers completed viewings so far. This training opportunity generated lots of interest early on and commitment from agencies to have their staff sign up. Some of the challenges included identifying a presentation method that would be easily accessible to all participants, and the timing of the training, as conducting these events in the summertime presented challenges as well.

We plan to continue these based on feedback and topic requests. We are still in the process of reviewing and receiving feedback as the course is still accessible through July.

**Lessons Learned**

We believe these projects can be replicated amongst other communities of color.

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**Continuity of Care in Southwest Kansas: Building a Culture of Breast/Chestfeeding Support for Latinx Families**

Carmen Valverde and Jennie | Lactancia Latina en el Suroeste de Kansas City

**Synopsis**

Building a culture of breast/chestfeeding support for Latinx families in rural southwest Kansas may sound like a lofty goal, but the Lactancia Latina en el Suroeste de Kansas (LLSWKS) coalition is up to the task! After listening to communities across southwest Kansas, LLSWKS identified assets and barriers to breast/chestfeeding. Using the Continuity of Care in Breastfeeding Support Blueprint, LLSWKS selected Recommendations 2, 5, 6, and 7 to create a multi-pronged approach to addressing the needs of the community. Activities included a social marketing campaign to increase awareness of existing breast/chestfeeding support, featuring radio spots, a billboard, and a “breastfeeding bench” at a local zoo with signage directing families to local breastfeeding support. LLSWKS worked with a local meat-packing plant to provide lactation accommodations for employees. The project also provided stipends and mentorship to local Latina leaders to become lactation support providers. The Blueprint provided a roadmap for this cross-sector approach.
Challenge

The breastfeeding initiation in Southwest Kansas (SW KS) is 83.2%, compared to the state and national averages of 88.7% and 84.1% respectively. Furthermore, exclusive breastfeeding at six months for infants enrolled in the WIC program in SW KS is 11.0%, compared to the state average of 13.4%. Inadequate support and access to resources negatively impact breastfeeding initiation and duration.

Southwest Kansas has only 1.28 International Board Certified Lactation Consultants (IBCLCs) per 1,000 live births compared to the state rate of 5.79. The lack of IBCLCs in a large rural area with few maternity care hospitals creates a twofold problem: One is the lack of clinical lactation care for families in SW KS, and the other is the lack of available mentors to those attempting to obtain the necessary clinical hours required to sit for the IBCLC exam. Activities from this project were designed to normalize breast/chestfeeding within the Latinx community, improve access to culturally affirming lactation care, and engage the public and local employers to provide lactation workplace accommodations.

Solution

Strategies from Blueprint Recommendation 2 (Breastfeeding-Friendly Policies, Systems and Environments):

To improve continuity of care for breast/chestfeeding families in SW KS, LLWSKS, in partnership with the Kansas Breastfeeding Coalition, launched a marketing campaign to increase awareness of existing breast/chestfeeding support. The marketing campaign featured radio spots aired across SW KS in Spanish. Two billboards were placed in heavily trafficked roads in Garden City and Dodge City, the largest cities in SW KS. Both the billboards and radio spots featured messaging to inform families on the legal protections related to expressing milk at a workplace. A “breastfeeding bench” was placed at the Garden City zoo with signage directing families to local breastfeeding support. The LLWSKS also worked with a local meat-packing plant to provide lactation accommodations for employees. According to the Kansas Department of Labor, meat-packing industry employs over 30,000 people across Kansas. Partners included the meat-packing plant human resources, health clinic staff, and local leaders who have existing relationships with the plant.

Strategies from Blueprint Recommendations 5 (Lactation Workforce Development) and 6 (Cultural Humility)

The project provided financial and technical support to four local Latina breastfeeding champions in SW KS to become lactation support providers (LSPs). Three of these individuals who serve families at the community level have enrolled in the Certified Breastfeeding Specialist course. The fourth support recipient, a certified nurse midwife who offers services in the hospital and clinic settings, has enrolled in a course to complete the education requirements to become an International Board Certified Lactation Consultant. The local federally qualified health center (FQHC), Genesis Family Health, an early childhood program agency, the Russell Child Development Center, and a local midwife were key partners in implementing this activity.
Strategies from Blueprint Recommendation 7
(Community Health Advocate, breastfeeding champion)

LLSWKS has been connected with LiveWell Finney County and Liberal Area Coalition for Families. As active members and participants in these meetings, breastfeeding is integrated into the discussions and other stakeholders’ activities.

Funding from CDC/NACCHO supported these activities which were implemented over a period of nine months from November 2021 through July 2022.

Results

Several successes have been celebrated throughout this initiative. The breastfeeding bench with signage directing families to local breastfeeding support has been placed at a local zoo that is visited by nearly a quarter of a million people each year. The billboards are strategically placed near meat packing plants. This has resulted in increased traffic on the LLSWKS social media platforms where information regarding local resources and support is disseminated in English and Spanish.

Relationships have also contributed to the success of this project. LLSWKS leaders have been increasingly invited to attend more events and meetings throughout Southwest Kansas, including LiveWell Finney County and Liberal Area Family Coalition, which has helped center breastfeeding and lactation support into other health-related discussions. The local FQHC has reached out to LLSWKS for support to train three additional community health workers as LSPs. A local hospital is in the process of enrolling as a clinical site for the Kansas Breastfeeding Coalition’s Color-Filled Clinical Lactation Training Program. This program provides clinical placement opportunities to qualified students to build a more diverse lactation support provider workforce in order to provide mentorship to aspiring IBCLCs. Two additional clinical sites have expressed interest in the program as well. The addition of these clinical sites to the Color-Filled program will build a diverse and skilled lactation workforce and increase access to culturally affirming care in this region. LLSWKS’s growing number of relationships is a direct result of LLSWKS’s increased visibility and credibility in the region. Cultivating these relationships will allow LLS-
WKS to continue engaging with the communities it serves and expand connections across Southwest Kansas.

**Lessons Learned**

LLSWKS learned the value of persistence and that the path to success is not linear and often not clear. Collaborating with busy corporate meat-packing plants has been challenging, especially during a pandemic. Their timeline and priorities do not always align with those of the breast/chestfeeding coalition. LLSWKS was ready to respond when the time was right for the plant. Based on the experience from this project, LLSWKS created a “Checklist for Assisting Meat Packing Plants” to aid others who are interested in working with this industry or other employers in manufacturing.

LLSWKS has plans to continue attending local events to provide a “Lactation Station” where families can stop by to feed, change, or rest their children. At this station, information is provided to connect families with local lactation resources alongside other tools to support lactation accommodations at work. There are plans to continue supporting more FQHC employees by connecting them to resources and providing technical assistance. The newly trained LSPs funded by this project will be providing culturally relevant care within the communities served after completing course requirements. LLSWKS will continue to collaborate with the meat-packing plants and other local employers interested in improving standard practices to support lactating employees.

**For More Information**

- Tools for implementing Recommendation #2
- Tools for implementing Recommendation #5
- Tools for implementing Recommendation #6
- Tools for implementing Recommendation #7
Entering Through Any TVCCA Door to Experience Continuity of Care in Breastfeeding Support in New London County

Regina Brady, MSEd, CLC | Thames Valley Council for Community Action-TVCCA

Synopsis

Thames Valley Council for Community Action (TVCCA) is a large community action agency located in Southeastern Connecticut, serving the residents of New London County. TVCCA proudly utilizes the Social Determinants of Health (SDoH) framework to drive client services. At TVCCA, our “no wrong door” policy allows for staff to meet customers where they are and to provide consistent messaging around breastfeeding education and support through our multi-faceted approach to service provision.

Through NACCHO, Implementing the Continuity of Care Blueprint grant, TVCCA has provided 17 internal and external stakeholders an opportunity to become Certified Lactation Counselors, one staff member the tools to become an IBCLC, as well as the development of a resource guide, which is now available for a cross-cultural sector of our population. The goal is to ensure that no matter how a customer enters the doors of TVCCA, consistent messaging around breastfeeding education and support will be provided and reinforced through all our quality wraparound services.

The “no wrong door” policy at TVCCA is a strong contributor to the high-quality wraparound services provided, that begin with meeting the customer where they are, and at whatever “door” they enter through. Whether the customer presents to us seeking financial literacy, case management, WIC, childcare or home visiting services, there are now skilled staff available to provide breastfeeding education and support for our customers.

For example, our financial literacy instruction is able to embed breastfeeding education into the financial curriculum by providing cost-saving information around the benefits of breastfeeding. Through this grant project, TVCCA was able to provide written and verbal resources, again focusing on consistent messaging for our customers. TVCCA WIC has a history of strong breastfeeding initiation rates (84%), and recognizes room for improved collaboration among stakeholders to support our six-month duration rates (65%). As such, close collaboration with our Alliance for Family Support (AFS) Home Visiting partners has been paramount. Of the 17 stakeholders working on their CLC training during this project, eight are through the AFS Home Visiting program. With this tight-knit consistent messaging and support across stakeholders, we are hopeful to see an increase in duration rates among our breastfeeding population.
**Challenge**

New London County’s diverse population include Black, Indigenous and People of Color (BIPOC) families from Haitian-Creole, Hispanic, and Chinese clients backgrounds. The CoC implementation aimed to bridge the gap among our diverse population by breaking barriers to access quality breastfeeding education and support. The work began with bringing together cross categorical stakeholders, determining the impact of their role in a family’s breastfeeding journey, and realizing the benefits of coordinating services and consistent messaging through the SDoH lens. Some of our key partners include Alliance for Family Support Home Visitors, Early HeadStart home visitors, area OB/GYN providers, financial literacy providers, case managers, and WIC partners. Establishing buy-in was not difficult, as TVCCA has strong working partnerships in the community. Some of the barriers to this work included staff turnover, COVID restrictions, heavy workload, and a short timeframe to complete professional development. The project started in December 2021, but due to the above-mentioned barriers, it took some time to get going. Additionally, due to COVID-19, accessing in-person visits with area providers was delayed and initiating and assigning professional development for 17 staff both internally and externally was also a challenge. This task is a huge endeavor and will not be completed within the short timeframe of the grant; however, over the last nine months, great strides have been made in the right direction.

**Solution**

**Strategies from Blueprint Recommendations:**

3.3 (Care Coordination and Referral Accountability), 5.5 (Community lactation training), 6.3 (Family-Centered Care, Addressing Social Determinants of Health)

The CoC implementation has resulted in a stronger collaborative effort around breastfeeding education and support. We provided resources for multicultural populations, and collectively, our partners increased their knowledge of the relationship between successful breastfeeding and the Social Determinants of Health. Through the professional development training provided and resources developed, staff engagement is elevated, cross-categorical resources and collaboration is higher, and there is improved consistent messaging in education and support among stakeholders. These short-term accomplishments have paved the way for our longer-term goals, including ensuring consistent access to high-quality breastfeeding education and support across cross-cultural sectors of New London County, Connecticut.
Results

This CoC project has resulted in 52 families receiving direct access to this cross-categorical model of breastfeeding education and support: increased staff engagement and comfort around discussing the benefits of breastfeeding; and the development of resources available in different languages, representative of the multicultural population that TVCCA serves. Some of the stakeholders’ feedback includes:

“The Certified Lactation Counselor (CLC) training was extremely informative and provided a great amount of education.”

“I do foresee this being very useful information for our prenatal and breastfeeding mothers.”

“The course did give me great insight into the physical, mental, emotional, and financial benefits that come from breastfeeding, for both the baby and the mother.”

“The Lactation Training has given me the confidence to promote and educate my clients about the benefits of breastmilk. All the science behind the breastfeeding process I think is magical with real benefits. At this moment, I have five happy mothers breastfeeding, but if problems arise, I will be ready to help.”

According to the positive feedback from stakeholders, and our continued positive breastfeeding initiation and duration data, this project, with a short timeframe, has been widely successful. Overall, the CoC initiative has produced extremely positive outcomes, and the ability to sustain and build on the initiatives started with this grant is attainable.

Lessons Learned

The CoC in Breastfeeding Support Blueprint served as a framework during initial goal setting and implementation. It continued to serve as a guide as we worked through the goals. One of the biggest challenges during this grant period was time to implement and show growth. At the onset, nine months seemed more manageable than it actually proved to be. Stakeholder time constraints and increased work responsibilities during this timeframe also required additional considerations. One of the biggest lessons learned, interestingly, is the importance of cross-cultural information and resources available for stakeholders. A couple of our multicultural stakeholders where English is not their first language expressed significant difficulty with the online format of the CLC course modules. That said, the success and sustainability of this project is high.
Leveling Lactation on Chicago’s South Side: Improving Continuity of Care via Clinically Integrated Peer Counseling

Melissa Kuriloff and Julie Lester | University of Chicago Medical Center

Synopsis

The University of Chicago Medicine (UCMC) worked to improve continuity of care (CoC) in breast/chestfeeding (BF) support by piloting a clinically-integrated Breastfeeding Peer Counselor (BPC) Program on Chicago’s South Side. Breastfeeding rates are below the national average among Black, publicly-insured South Siders. Barriers to BF in this population include limited intergenerational BF knowledge and support and difficulty accessing affordable, timely, and culturally relevant lactation resources. To address these challenges, UCMC incorporated Blueprint Recommendation 2.4 via a workflow procedure requiring four scheduled touchpoints for BF education and support: two prenatal BPC visits, one postnatal BPC visit, and at least one inpatient lactation consultant (IB-CLC) visit. Additionally, UCMC implemented Blueprint Recommendation 6 by hiring a black-identifying BPC from the community to provide culturally congruent lactation care. Finally, UCMC implemented Blueprint Recommendation 3 to create a resource web page linking South Side families to culturally inclusive educational materials, resources, and local lactation support.

Challenge

National data suggest racial and socioeconomic disparities in breast/chestfeeding (BF), with non-hispanic Blacks having the worst outcomes. At UCMC on the South Side of Chicago, 75% of deliveries represent Black-identifying dyads. In our baseline assessment, we found clear BF disparities between the overall population receiving care on the main South Side campus and the publicly-insured patients attending Resident-run OB clinics. These Medicaid clinics serve more Black (85% vs. 62%) and high risk (74% vs. 40%) patients compared to the overall obstetric population.

Additionally, publicly insured patients face barriers to continuity of care, as they see various providers, often transfer late in pregnancy, and return to community-based clinics for postnatal follow-up.
Between 2018–2020, among infants born to parents receiving prenatal care on the main South Side Campus, the overall rate of any human milk (HM) feeding was 87% and that of exclusive HM feeding was 39% at hospital discharge. Comparatively, among neonates born to parents attending the Medicaid clinics, only 55% were ever HM fed and 20% were exclusively HM fed at hospital discharge. 76.6% of the Medicaid clinic patients didn’t have any documented prenatal BF counseling and only 31.3% were providing HM at the first postpartum visit.

**Solution**

Between March and October 2022, UCMC aimed to improve continuity of care in BF support by piloting a clinically-integrated Breastfeeding Peer Counselor (BPC) Program on the main South Side Chicago campus with funding from NACCHO, CDC, HealthConnect One, and the UCM Ob/Gyn Department. During this current six-month pilot period, the newly hired BPC, a Black-identifying mother from the South Side, has worked part-time to coordinate lactation support via two prenatal educational visits, inpatient postpartum consultations, and at least one postpartum lactation support and/or follow-up phone calls to ~150 patients, and referrals to other lactation providers and local resources.

The program was co-created with the community by incorporating direct patient input from postpartum surveys and focus groups co-facilitated by HealthConnect One and the UCMC BPC.

Based on available literature, pre- and post-natal BF education is particularly important for publicly insured black parents, as they generally have minimal lactation education and lack BF support within their peer networks. While UCMC employs inpatient lactation consultants (IBCLCs), these providers aren’t racially congruent with most patients, and thus, in many cases, are unable to provide culturally responsive lactation support. Additionally, UCMC does not currently offer outpatient lactation services, which are scarce on the South Side: there is only one lactation clinic for 1:1, in-person IBCLC support, open once weekly. Therefore, BPC services are crucial to improving continuity of care in lactation support for publicly insured patients who deliver at UCMC. In addition to providing direct support, the BPC collaborated with community partners to develop a webpage linking to culturally inclusive materials and local resources for South Side BF families, particularly in their transition back to work and school.
Results

UCMC’s initiatives to improve CoC in BF support has impacted 126 families as of August 2022. BPC clinical integration has ensured that patients attending Medicaid clinics have documented prenatal BF educational sessions, empowering them to make an informed infant-feeding choice. Prior to the program, ¾ of patients received no documented prenatal BF education. Now, patients give positive feedback prenatally: patient DM wrote, “Ms. Kathy was a big help to me. She got me started with WIC and a nutritionist, and she checks on me every visit. I always look forward to seeing her during my visits.” Prior to the program, 52.6% of patients reported feeling “very unhappy,” “unhappy,” or “neutral” about their prenatal BF education. While the BPC aims to see patients twice prenatally and once postpartum, she is limited by time constraints: several patients did not present to UCMC until the third trimester and therefore had fewer prenatal visits. Additionally, 18 hours is insufficient for the BPC to complete all preferred visits.

The BPC’s sharing of QR code-containing flyers increased accessibility to UCMC’s pre- and postnatal BF classes and groups. We anticipate future increases in attendance. The BPC has also increased patients’ utilization of lactation support on the South Side via a local directory, which she currently shares with patients as needed. Once the resource directory is available live on our website, we anticipate increased accessibility to outpatient lactation.

The program should improve BF knowledge, initiation, exclusivity, and duration. We also anticipate increases in HM provision to Neonatal Intensive Care Unit (NICU) infants. With the physician letter of support for pumping accommodations provided to all patients, we anticipate increased parental confidence while advocating for pumping/ BF rights at work/school. Eventually, we expect a longer provision of HM. We plan to monitor and evaluate the program continuously to better characterize long-term results.
Lessons Learned

The BPC team faced administrative challenges during implementation, given UC-MC’s complex bureaucratic system. Thus, the process took longer than anticipated. We are grateful for NACCHO’s three-month extension in light of these unanticipated problems. We learned that a project of this caliber requires more time, resources, and support from administration to succeed as planned. Despite the logistical challenges in the initial stages, the program has been well received by patients, staff, and providers.

NACCHO’s funding for the BPC pilot program allowed UC-MC to incorporate peer support into the medical center’s lactation support strategy for the first time, despite prior failed attempts to obtain internal funding for similar initiatives. Once in motion, the Ob/Gyn department pledged $20,000 to extend the pilot program through April 2023. As predicted, leaders at UC-MC more readily fund existing programs than program ideas. Additionally, the Chairman of the department and the Medical Director of the Birth Center have offered to help advocate for long-term funding from UChicago’s Urban Health Initiative. Originally we were concerned about the sustainability of the program, but we now feel confident about continuing and expanding this program.

In time, we hope to grow the BPC program to include more peer counselors. Patients often request more visits than the current part-time BPC can accommodate, and many providers have requested that the BPC program be expanded to reach even more patients, including high-risk patients in morning prenatal clinics and those whose infants are in the NICU, regardless of insurance status. We also hope to expand access to outpatient lactation services by establishing a BPC-run support group, which we originally hoped to create during the grant period, but this was ultimately not feasible with only one part-time BPC. We are currently creating an interdisciplinary Breastfeeding Committee to help us accomplish these goals.
Restructuring the Lactation Support Landscape in Detroit: Reconnecting Early Head Start + Black Mothers Breastfeeding Club to build Continuity of Care for Black Families in the Detroit Metro Area

Avonlea Rickerson, MPH

Synopsis

The Black Mothers’ Breastfeeding Association (BMBFA) collaborated with the WIC program, and Focus:HOPE, an early child-care setting to implement recommendations from the Continuity of Care in Breastfeeding Support, by re-implementing the Black Mothers’ Breastfeeding Club (BMBFC) at the Focus:HOPE site and improve care coordination among the three organizations.

Challenge

BMBFA conducted a survey to assess the maternity care landscape in Detroit in March 2022. According to the data collected from the survey, 91% of the women did breastfeed their child, and 72% of the women strongly agreed that they intended to breastfeed their child. Also, 87% of the women strongly agreed that they understood the benefits of breastfeeding. These numbers show that there is a high initiation and intent rate for mothers to breastfeed. However, only 56% of the women strongly agreed that they felt prepared to breastfeed, and 56% of the women strongly agreed that they felt prepared to handle the barriers that may arise with breastfeeding. BMBFC helps address these barriers by providing a space for mothers to be more prepared for breastfeeding. Not only do we have doulas and a lactation specialist for support, we also have mothers who breastfeed that can share their experiences. The survey was conducted outside of this par-
ticular project, but was vital in advancing continuity of care in Detroit by identifying where improvement is needed in a fragmented lactation support environment.

**Solution**

The BMBFA is rooted in the community of Detroit, MI, with a national influence combating the alarming Black maternal-infant-health crisis through direct service, training, and advocacy. Focus: HOPE has served as a valued early childcare provider for Detroit families for over 33 years. They offer Head Start/Early Head Start, Great Start, and private tuition-based childcare. The Early Childhood Education (ECE) Center credits its partnership with BMBFA for implementation and scaling of its own community doula program.

**Strategies from Blueprint Recommendation 1**

(Community partnerships)

Through the Implementing the Continuity of Care Blueprint project from November 2021 to July 2022, BMBFA reimplemented, monthly, the Black Mothers’ Breastfeeding Club (BMBFC), a safe space and time where mothers in the community can connect with and confide in one another regarding their breastfeeding journey, at Focus: HOPE. During BMFBC gatherings, pregnant and postpartum mothers also have access to a WIC lactation consultant along with community-based doulas who specialize in breastfeeding initiation and can connect mothers to the resources they need.

**Strategies from Blueprint Recommendation 2**

(Policies, Systems and Environmental Changes)

The partners utilized the CGBI Breastfeeding resources and conducted a childcare assessment to identify opportunities to improve the childcare setting and become a more supportive environment for their families.

**Strategies from Blueprint Recommendation 3**

(Care Coordination and Referral Accountability):

Although partners have been informally referring pregnant and breastfeeding mothers to each other for many years, there was no formal process or accountability for these
referrals. Therefore, the three partners co-created a referral workflow so all those involved can easily visualize the care flow and points of referrals and care accountability, so breastfeeding mothers do not fall through the cracks. This simple tool also describes how to refer mothers for more advanced clinical lactation management when needed.

Results

The overall outcome was reestablishing BMBFC at Focus:HOPE’s early childhood learning center and with support from our WIC Community Breastfeeding Liaison, we developed a formal referral workflow to increase bidirectional referrals and lactation support. For continued communication and support, BMBFA staff and doulas also engaged families in a virtual environment through our app, in between meetings. This partnership helped to rekindle existing partnerships and build new relationships in the Detroit community. In addition, we have been developing an action plan to improve Focus:HOPE’s lactation support environment. BMBFA is an official trainer of the CGBI’s Ten Step Initiative. Before the actual training was conducted, we distributed a self-assessment to see what five areas of the CGBI Breastfeeding-Friendly Childcare Center assessment Focus:HOPE needed to focus on. During the training, we learned the early childcare team who regularly handles human milk follow the procedures suggested by the CDC. Focus:HOPE’s plan is to formally create a human milk policy that all staff are aware of. We will conduct a post-test in January 2023 to follow up. We are currently in the process of publishing our Detroit Local Lactation Guide. We wanted to make sure that we properly include all lactation support resources in the Detroit metro area. We are currently reaching out to other doulas and lactation specialists in the area to include their services. We plan to publish an electronic guide in September 2022, followed by a hard copy to distribute to stakeholders in the community.

Lessons Learned

We should have anticipated that attendance would be scarce due to the pandemic, especially with cases being unpredictable. Utilizing our app, the BMBFA B’Right Hub, more frequently was
a successful strategy to better engage with mothers and birthing persons in the community. Through the app, our doulas and WIC breastfeeding community liaison can quickly connect with the community through the chat feature. It was challenging to decide the best times for moms to stop in to BMBFC. In the past, the morning after child drop-off has worked. We learned that drop-off time still works best for our moms, despite the low attendance. Focus:HOPE has agreed to continue to host BMBFC, because it is beneficial to strengthening CoC in a fragmented environment. We hope to recruit more mothers as the school year begins. We will follow-up with Focus:HOPE in January 2023 regarding the CGBI Breastfeeding-Friendly Childcare Center assessment. BMBFA will continue to be a lead in continuity of care in chest/breastfeeding support. This project gave us the tools to improve community infrastructure sustainability, and advance continuity of care in Detroit. BMBFA is well-known both in the community for their advocacy efforts, uplifting the voices of Detroit’s Black parenting community, and providing community-centered quality programs. Its community-based doula program has run since 2013 and is an invaluable resource available to Black families. In addition, we are the anchor organization for the Birth & Breastfeeding Leadership Institute, Black Breastfeeding Caucus, co-creator of Black Breastfeeding Week, and the Black Infant Remembrance Memorial.
My Family Can Help! Strategies to Improve Continuity of Care for East Asian Pregnant Parents in Alameda

Tonya Lang | Asian, Southeast Asian, and Pacific Islander (ASAP!) Breastfeeding Task Force of Alameda County, CA

Synopsis

Our project was based on two recommendations from the Continuity of Care in Breastfeeding Support: A Blueprint for Communities. First, we aimed to improve consistency of chest/breastfeeding messaging by using evidence-based information and co-creating culturally responsive educational materials among lactation support providers (LSP) and institutions within the community to avoid the provision of conflicting information to breastfeeding parents. Second, we aimed to improve access to training and mentors and create equitable paths to career advancement opportunities to build up community-based leadership, especially for LSPs of color, to better serve families of color and diversify the lactation workforce.

The importance of culturally congruent lactation education and support for communities of color is well known. However, it is challenging for Asian American, Native Hawaiian, and Pacific Islander (AANHPI) pregnant parents and their families to access culturally relevant educational materials available in their own languages, and to obtain lactation support from providers who speak their languages and understand their culture.

Challenge

The AANHPI population is not a monolithic group; it is a collection of heterogeneous groups that differ in culture, diet, language, ancestry, and religion. Yet data on AANHPIs are often aggregated and mask the diversity of our communities and the disparities in health outcomes.
In Alameda County, California, AANHPIs comprise one-third of the population. They account for the largest number of births for all races. Almost half of those identified as linguistically isolated are AANHPI. Asians have high rates of any breastfeeding (97.6%), while the rate for Pacific Islanders is lower at 87.5%. However, both Asians and Pacific Islanders have much lower in-hospital exclusive breastfeeding rates (79.1% and 65.6%, respectively) compared with 85.9% for whites. The exclusivity rate for Pacific Islanders is the lowest among all races. But within the first month, the exclusive breastfeeding rate for AANHPI infants is the lowest of all groups (37.1% compared to the county average of 49.3%). By three months, the exclusive rate drops to 32.7%.

Culturally appropriate lactation education and support lead to higher breast/chest-feeding rates. AANHPI families need access to LSPs who are not only familiar with the community’s strengths and needs, but also are members of the community. Yet we can count on one hand the number of AANHPI International Board Certified Lactation Consultants (IBCLC) in the county. Furthermore, few lactation education resources are available in AANHPI languages. Even when materials are available, they are often simply translations of existing materials designed for mainstream audiences. Incorporating cultural norms and postpartum practices, such as the large role of extended family members in caring for new parents and babies, into lactation education will resonate with AANHPI families.

**Solution**

In our society, AANHPIs are often overlooked and invisible, and do not receive enough resources to improve the health of their communities. We approached this project with the intention that AANHPI parents will feel seen and heard and will therefore be more willing to engage in conversations about breastfeeding, chest-feeding, and human milk feeding.

ASAP! partnered with Asian Health Services (AHS), a Federally Qualified Health Center based in Oakland with strong roots in the AANHPI community in Alameda County. It not only serves the community; its healthcare providers are also from the AANHPI community.

With funding from NACCHO’s Implementing the Continuity of Care in Breastfeeding Support Blueprint, we aimed to create a culturally relevant prenatal toolkit for healthcare providers to deliver consistent lactation education to AANHPI expecting parents. From February to April 2022, we interviewed Chinese pregnant parents at AHS and extended family members to learn more about their cultural postpartum practices and lactation knowledge; assess their breastfeeding educational needs; and determine effective key messages for the parents and their extended family mem-
bers. The information gathered allowed us to work on culturally tailoring the toolkit from May–June, and AHS healthcare providers who serve pregnant and postpartum parents reviewed the toolkit’s design and educational messages at the end of June. The toolkit content and design were finalized and translated in July.

The funding has also allowed us to build community capacity to support lactation by removing some of the barriers for our community members to become IBCLCs and other LSPs. In January 2022, we facilitated a clinical placement for a student who has completed their lactation education to obtain the clinical hours required by IBLCE for exam eligibility. In April, we awarded lactation education scholarships to three AANHPI community members.

In March, we created an ongoing online survey for current and future AANHPI lactation support professionals to learn more about their support needs and any potential barriers to advancing in the lactation field. Based on the results, we hosted a virtual community forum for AANHPIs who are interested in furthering their careers in lactation. The four AANHPI LSPs who served as panelists shared their stories about how they came to work in the lactation field, some of the challenges they faced, and offered words of encouragement. This led to creating and facilitating a free virtual support group for prospective AANHPI IBCLCs to connect with each other as well as established AANHPI lactation professionals to create a community of support and guidance.
Results

Strategies from Blueprint Recommendation 3
(Implement a Care Coordination System/Consistent messaging)

To improve the consistency of chest/breastfeeding messaging, we created a prenatal toolkit that is truly culturally relevant and culturally congruent for AANHPI families. All project staff, pregnant parents, extended family members, and healthcare professionals who provided their input and feedback identify as AANHPI. The information gathered allowed us to culturally tailor an existing Alameda County prenatal toolkit for AANHPI families and create a two-page handout for extended family members (e.g., grandmothers and aunties) about how they can support their breastfeeding family members during the postpartum period. The toolkit is available in hard copy and electronic format. It is translated into traditional Chinese and Vietnamese, and features photos of East Asian parents and babies.

At the same time, AHS was also beginning a quality improvement project. Upon reviewing their breastfeeding data for the first time, staff noted that the data was incomplete and collected inconsistently. The data they did have suggested that the breastfeeding rates for their patients is even lower than the rates for AANHPIs in Alameda County. The QI project is ongoing, but it has resulted in some workflow changes thus far. For instance, Perinatal Program staff now link infant feeding information in each parent’s chart with their baby’s chart so that pediatricians also have access to the same information.

Strategies from Blueprint Recommendation 5
(Increase Community Lactation Workforce Capacity)

Our goal was to increase the number of culturally congruent AANHPI LSPs in Alameda County. There are many barriers for our community members who wish to become LSPs, including: 1) high cost of lactation programs that are only offered in English; 2) difficulty obtaining placement to obtain the required clinical hours to sit for the IBCLC exam; 3) difficulty maneuver-
ing the various pathways and requirements set by the IBLCE; and 4) difficulty finding culturally congruent mentors who can offer guidance and encouragement through the process.

An AANHPI community member who recently became certified as an IBCLC confided that although she was interested in pursuing her IBCLC for a while, she had not considered that to be a viable career path for her until she met an AANHPI IBCLC. Her comment is unfortunately not unique. It is difficult to imagine yourself in a career when you do not see others who look like you.

As a result of our capacity-building work, a Samoan lactation student is working on obtaining her clinical hours so she may become an IBCLC. Her placement is at San Francisco General Hospital, which serves many Pacific Islander families. She brings not only her clinical expertise, but also her community expertise, to provide culturally congruent lactation support to pregnant and birthing Pacific Islander families.

The three lactation education scholarship awardees identify as Asian Indian, Samoan, and Chinese, and live and/or work in Alameda County. All were selected based on their current work with pregnant and lactating AANHPI families, and their future plans to expand their support. They have also demonstrated their passion for supporting breast/chestfeeding in their respective communities. They are currently working to complete their lactation education hours. We are confident that, in time, all four women will become IBCLCs.

Due to NACCHO funding and quality improvement efforts independent of this grant, AHS has improved its own capacity to support breastfeeding. By co-creating our prenatal toolkit with AHS healthcare providers, AANHPI pregnant patients, and the patients’ family members, we created a resource for AHS providers to offer consistent breastfeeding educational messages in a culturally congruent manner. Furthermore, one of the recipients of our lactation education scholarships is a staff member at AHS who offers one-on-one lactation education and support to their pregnant and postpartum patients and their families. This scholarship is an important stepping stone to achieve her goal of becoming an IBCLC.
Lessons Learned

We do not consider our toolkit to be an “AANHPI” toolkit, per se. One cannot make the assumption that our materials are relevant for all AANHPI communities. AANHPIs are a culturally, linguistically, and geographically diverse group of people who are often lumped together. We encourage those who wish to replicate this project to begin by first learning more about the specific AANHPI population(s) in their community. Before using the toolkit, it is essential to seek feedback from community members to determine whether the messages, design, photos, etc. resonate with the community.

While we had hoped to tailor the toolkit for both Chinese and Vietnamese families, we were unable to solicit feedback from Vietnamese pregnant parents and their extended family members partly due to the low caseload of expectant parents at AHS. Our next steps will be to partner with Vietnamese families to ensure that our materials are relevant for them.

While reviewing the toolkit, the health care providers at AHS requested that we include more breastfeeding information and resources in the toolkit. Several providers expressed interest in obtaining more lactation education, so we hope to obtain additional funding to support these efforts.
The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.