

Lactation Support Toolkit for Home Visitors

Oregon Health Authority, Public Health Division

August 2023

Prepared by

Shelby Crosier and Nalini Peres-da-Silva
2023 Title V MCH Interns

Contents

| | |
|--|----|
| Introduction | 3 |
| Policy | 6 |
| Training | 16 |
| Culturally and Linguistically Appropriate Services (CLAS)..... | 19 |
| Advocacy | 26 |
| Gratitude | 31 |
| References | 32 |

Introduction

Human milk feeding is widely regarded as the optimal source of nutrition for infants, with health benefits for both the lactating parent and the baby. It has been shown to reduce infants' risk of sudden infant death syndrome (SIDS), lower the risk of developing breast and ovarian cancer, and promote bonding between parent and child.¹ Breastfeeding, and especially breastfeeding for at least 6 months, also increases feelings of secure attachment and bonding between the breastfeeding parent and their child^{2,3}, which is essential for the child's ability to emotionally regulate and form healthy relationships later in life.⁴

As of 2019, Oregon has some of the higher chest/breastfeeding rates in the country, with 87.2% of infant having ever chest/breastfed, 44% of infants chest/breastfeeding at one year, and 34.2% of infants exclusively chest/breastfeeding until they reach six months of age.⁵ However, these numbers still fall short of the Healthy People 2023 goals of 54.1% of infants chest/breastfeeding at one year, and 42.4% doing so exclusively through six months.⁶ Additionally, breastfeeding rates are markedly lower in people with lower incomes and in people of color (POC) in Oregon, especially American Indian/Alaskan Native, Hispanic/Latino, and Pacific Islander individuals.⁷ People stop chest/breastfeeding, or stop doing so exclusively, for a variety of reasons, including concerns about supply, perception that their baby is not being fully satiated, nipple soreness, and lack of social support.^{8,9} However, it is societal barriers that often play the biggest role in early chest/breastfeeding cessation, especially among POC and people with lower incomes. These include workplace barriers such as lack of adequate paid leave and lactation-friendly workplace policies, accessibility issues such lower health literacy and language barriers, and lack of access to education about lactation.¹⁰

Home visitors are uniquely poised to help address individual-level barriers to continuation of lactation, especially in areas where access to lactation support professionals is limited, through offering in-home education and support to lactating or soon-to-be lactating parents. Additionally, home visitors can play a large role in addressing systemic barriers through advocacy, connection to services, and practice of culturally responsive care. Not only are people who receive home visiting services more likely to initiate breastfeeding¹¹, but emerging promising practices in home visiting programs have also shown increased duration and exclusivity.^{12,13} Including more frequent discussions about chest/breastfeeding, having these discussions earlier in pregnancy, ensuring consistency in messaging are all practices that may increase chest/breastfeeding initiation, duration, and exclusivity^{12,13}, and lead to more confidence and feelings of support in the lactating parent.¹³ Through implementation of adequate training, evaluation, data collection, and supportive institutional policies, Oregon home visiting programs will positively impact chest/breastfeeding rates in years to come.

Purpose

The purpose of the Lactation Support Toolkit for Home Visitors is to provide guidance to home visitors and program supervisors that allows them to bring quality chest/breastfeeding education and support to their client base. This is achieved through:

1. Making evidence-informed policy and procedure recommendations based on best practices from across the state and country
2. Compiling training resources to help bridge the knowledge gap between introductory lactation training and professional certifications
3. Providing guidance about culturally and linguistically responsive services and advocacy

Intended Audience

This toolkit contains information and recommendations for everyone involved in Oregon home visiting programs, including state-level program administrators, local program supervisors, and home visitors themselves. If you are a **state-level administrator**, the most relevant information for you is found in the [Policy](#) section. If you are a **local home visiting program supervisor**, the [Policy](#) and [Advocacy](#) sections are most applicable, although familiarizing yourself with the [Training](#) and [Culturally and Linguistically Appropriate Services](#) sections will help you support your staff. If you are a **home visitor**, pay special attention to the [Training](#), [Culturally and Linguistically Appropriate Services](#), and [Advocacy](#) sections.

Methodology

Title V Summer Interns for the Oregon Health Authority (OHA) spent 10 weeks compiling data from Oregon key informants and gathering evidence-based best practices to create this Lactation Support Toolkit for Home Visitors. Various methodologies were used to gather the information, including:

1. [Literature Review](#) on best practices for providing lactation support in the home visiting setting
2. [Key Informant Interviews](#) with OHA Program Administrators and Cultural Humility/ Culturally and Linguistically Appropriate Services (CLAS) subject matter experts
3. [Focus Group Discussions](#) with home visitors on their training and implementation of chest/breastfeeding education and lactation support
4. [Focus Group Discussions](#) with home visiting clients on the support received from home visitors on chest/breastfeeding education and lactation practices
5. [Mixed-Methods Surveys](#) distributed to MCH Home Visitors and Tribal Clinic Staff

Literature Review on best practices for providing lactation support in the home visiting setting

A literature review was conducted to gather evidence-based policies and trainings on successful implementation of chest/breastfeeding education and lactation support in the home visiting setting. Literature review sources included academic literature, training curriculums developed by the American Academy of Pediatrics (AAP), and other US state home visiting lactation support policies and procedures. The literature review also included best practices for providing CLAS chest/breastfeeding education to parents from various cultural, ethnic and gendered backgrounds. Evidence-informed practices on institutional policy, home visitor training and CLAS education for home visitors in chest/breastfeeding and lactation support from the literature review informed recommendations for the Lactation Support Toolkit. Resources included in the literature review were compiled into a comprehensive resource table describing the contents of the files and a summary document outlining how the chosen materials informed the development of the Lactation Support Toolkit.

Key Informant Interviews with OHA Home Visitor Program Administrators and CLAS subject matter experts

One-hour key informant interviews with OHA staff from Family Connects, Babies First!, CaCoon, Nurse-Family Partnership, and Healthy Families Oregon provided the administrative perspective on current policies for training home visiting staff on chest/breastfeeding education and lactation support.

Feedback from the interviews informed how to fit evidence-based policy recommendations within the context of Oregon home visiting programs. Key informant interviews were also conducted with OHA WIC staff to understand the collaboration between WIC and MCH Home visiting staff. Additional interviews were conducted with a collaborator from Healthy Birth Initiative (home visiting program for Black and African American women and families) and Tribal Clinics (Klamath Tribal Health and Family Services) on providing culturally responsive chest/breastfeeding services to distinct racial identities. Themes across the various key informant interviews were qualitatively analyzed and collated into a comprehensive document, as well as Lessons learned and suggested improvements which were used to inform the development of the Lactation Support Toolkit.

Focus Group Discussions (FGDs) with home visitors on chest/breastfeeding education and lactation support training and implementation

One-hour FGDs with home visitors from both nurse and non-nurse home visiting programs were conducted. FGDs provide first-hand perspectives on the quality of chest/breastfeeding education training received and how home visiting organizations can better support staff in providing lactation support to clients. Two Nurse and Community Health Worker (CHW) FGDs were held with staff from Family Connects, Babies First!, CaCoon, and Nurse-Family Partnership. One FGD was held with home visiting educators from Healthy Families Oregon. Data from the focus groups was analyzed and qualitative themes arising across the discussions were incorporated into the Lactation Support Toolkit.

Focus Group Discussions with clients on chest/breastfeeding education and lactation support received from home visitors

One-hour FGDs with home visiting clients from nurse and non-nurse home visiting programs were conducted to understand the type of lactation support which home visiting clients are given and how it could have been improved to enhance their chest/breastfeeding experience. Discussions were conducted in English and Spanish, with an attempt to include home visiting clients from different geographical regions of Oregon. Data from the focus groups was analyzed and qualitative themes arising across the discussions were incorporated into the Lactation Support Toolkit.

Mixed-Methods Survey Distributed to MCH Home Visitors and Tribal Staff

A mixed methods quantitative-qualitative survey was distributed to home visiting staff who were unable to join focus group discussions but wanted to provide input on their training and experiences with chest/breastfeeding and lactation support. Tribal clinics who were unable to meet for a key informant interview were sent qualitative survey questions regarding culturally inclusive chest/breastfeeding practices for Native people and communities in Oregon. Trends seen in survey responses from home visiting staff and Tribal MCH clinic staff were incorporated into the Lactation Support Toolkit.

Policy

Oregon home visiting program administrators (both state and local) are encouraged to build program infrastructure with evidence-informed policies and procedures supporting home visitors in providing quality chest/breastfeeding education and lactation support. Adopting such policies will encourage client adherence to chest/breastfeeding across a continuum of care during prenatal, delivery, and postpartum phases. Evidence-informed resources outlined below inform policy recommendations made for Oregon state and local county home visiting program administrators and the Oregon Health Authority (OHA). Policy suggestions emphasize home visitor training, service delivery, referral protocols, evaluation of staff skills, data collection metrics, quality improvement efforts, and more.

Recommendations for Oregon State Home Visiting Program Administrators

1. [Adopt or create policies and procedures which integrate lactation support as a standard part of home visit programming. Train home visitors about chest/breastfeeding policies and engage staff with a periodic review.](#)
2. [Prioritize standardizing data collection on chest/breastfeeding education and outcomes for clients. Standardize data collection on training for home visitors.](#)
3. [Perform periodic review of policies and procedures as well as best practices from across the country to ensure program policies are up-to-date.](#)

Recommendations for Oregon Local Home Visiting Program Administrators

4. [Create standardized referral and/or warm hand-off policies and protocols](#)
5. [Home Visitors share materials aligning with CDC, ACOG, AAP, ABM guidelines with home visiting clients](#)

Recommendations for Oregon State or Local Home Visiting Administrators (depending on program administrative organization)

6. [Train home visitors on core competencies to support chest/breastfeeding. Evaluate home visitor chest/breastfeeding support skills using validated instruments and core competencies.](#)
7. [Assess home visitor knowledge of core competencies, communication skills, and probing patient medical history while delivering chest/breastfeeding support](#)
8. [Engage in continuous quality improvement \(CQI\) of chest/breastfeeding support training and evaluation.](#)
9. [Prioritize training home visitors who want to receive lactation credentials](#)

Recommendations for Oregon Health Authority

10. [Provide nurse home visitors guidance on receiving payment for chest/breastfeeding education provided during home visits](#)

Recommendations for Oregon State Home Visiting Program Administrators

Recommendation 1: Adopt or create policies and procedures which integrate lactation support as a standard part of home visit programming. Train home visitors about chest/breastfeeding policies and engage staff with a periodic review.

| | |
|-----------------------------|--|
| Document name | Illinois Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Breastfeeding Guidance¹⁴ |
| Document description | Contains research-based practices to promote chest/breastfeeding and provide lactation support to pregnant and postpartum clients. |
| Document Use | Use to identify key topics to incorporate into a home visiting training curriculum and train home visiting staff related to providing chest/breastfeeding support. |

Key content within document:

- Create and distribute standardized chest/breastfeeding policy to home visiting staff at onboarding, including when breastfeeding information will be communicated, frequency and implementation of home visitor training, infant feeding reporting and protocols for referrals.
- Train home visiting staff...
 - On chest/breastfeeding in first 6 months and every 3-5 years
 - To discuss the importance and management of chest/breastfeeding with clients as soon as possible and throughout pregnancy. If a client wishes to chest/breastfeed, promotion and education provided should include key messages on the benefits of early initiation, rooming-in, skin to skin contact, feeding on demand, ensuring adequate milk supply, nursing positioning and latch, 6 months of exclusive breastfeeding, use of bottles and pacifiers, caring for sore nipples and engorgement
 - To assess the mother/infant dyad’s chest/breastfeeding progress at the first postnatal home visit to check if the infant is effectively nursing, correctly positioned for latching, and an adequate milk supply is maintained
 - Support chest/breastfeeding continuation if dyad is separated (i.e. birthing person returns to work) with milk expression, maintaining lactation and provision of expressed milk to infant during separation
 - Explain nutritional importance of 6-month exclusive chest/breastfeeding and complementary feeding until 2 years of age
 - Document infant feeding progress at each home visiting until infant stops chest/breastfeeding or at 6 months of age
 - Promote collaboration between providers and chest/breastfeeding support groups (i.e. WIC Peer Breastfeeding Counselors)
 - Refer client to lactation specialist and pediatrician/OBGYN if medical concerns arise

| | |
|-----------------------------|---|
| Document name | Boston Healthy Start Infant Feeding Toolkit¹⁵ |
| Document description | Providers guide on taking a client-centered approach to supporting chest/breastfeeding for visits done during pregnancy and up to two weeks postpartum. Sessions contain discussion questions to review with birthing person, health information/education, activities, and assessments. The Toolkit divides content into a checklist of information provided based on visit timing with the pregnant or postpartum client. |
| Document Use | Use to identify educational content supportive of chest/breastfeeding practices with clients during pregnancy and immediately postpartum. |

Key content

The toolkit aims to increase the likelihood of early initiation and continuation of chest/breastfeeding with information provided at the below gestation and postpartum periods:

1. Appointment 1: Prior to 32 weeks gestation
 - a. Health Information: benefits of chest/breastfeeding for infant and birthing person
 - b. Discussion: Parent concerns with chest/breastfeeding and provider responses
 - c. Activity: Infant Feeding Plan
 - d. Assessment: Birthing person’s opinion on chest/breastfeeding
2. Appointment 2: Prior to 34 weeks gestation
 - Health Information: Key Steps to Successful Chest/Breastfeeding
 - Discussion: Birthing person’s comfort with reviewed steps
 - Activity: Example questions to discuss with medical provider related to breastfeeding; Infant feeding plan
 - Assessment: Current attitudes towards chest/breastfeeding
3. Appointment 3: Within 24-48 hours of delivery
 - Discussion: Potential issues experienced with chest/breastfeeding
 - Health Information: Importance of colostrum, reading baby’s cues
 - Activity: Baby cues, infant feeding plan, feeding/diaper log
 - Assessment: Hospital experience with infant feeding
4. Appointment 4: Within 1 week postpartum
 - Discussion: Chest/breastfeeding progress to date
 - Health Information: Milk production/consumption, feeding on cue
 - Activity: Infant feeding and diaper log, self-care activity
 - Assessment: Chest/breastfeeding experience and satisfaction with infant feeding plan
5. Appointment 5: Within 2 weeks postpartum
 - Assessment: Current feeding practices, confidence of birthing person in managing and continuing chest/breastfeeding

Recommendation 2: Prioritize standardizing data collection on chest/breastfeeding education and outcomes for clients. Standardize data collection on training for home visitors.

Standardizing data collection on chest/breastfeeding education for clients

Use checklists like the [“Examples Topics Discussed during Pre-Natal Sessions”](#) to collect data on chest/breastfeeding education provided to home visiting clients.

Standardizing data collection on chest/breastfeeding outcomes for clients

Data on client chest/breastfeeding practices during the postpartum period informs key outcomes. Breastfeeding is a Title V National Priority Area, and the performance measures tracked include¹⁶:

1. Percent of infants who are ever chest/breastfed
2. Percent of infants chest/breastfed exclusively through 6 months

The American Academy of Pediatrics recommends to complementary feed an infant with chest/breastmilk and other forms of nutritious foods until 2 years of age¹⁷, making it also valuable for home visiting programs to collect data on:

3. total length of time an infant is chest/breastfed

| | |
|-----------------------------|---|
| Document name | THEO (Tracking Home Visiting Effectiveness in Oregon) Infant and Child Survey¹⁸ |
| Document description | Data collection tool tracking infant chest/breastfeeding outcomes. |
| Document use | Use to record infant chest/breastfeeding outcomes related to occurrence and exclusivity of chest/breastfeeding in the first 2 years postpartum. |

Key content

To encourage longitudinal tracking of chest/breastfeeding outcomes, encourage home visitors to complete the questionnaires between birth to 2 months postpartum, 6, 8, 12, 18, and 24 months postpartum. If a client is visited by a new home visitor, responses should be reviewed by the incoming home visitor to understand the client’s chest/breastfeeding practices and needs.

Standardizing data collection on chest/breastfeeding training for home visitors

Providing a home visitor chest/breastfeeding training only at the time of onboarding can limit their ability to stay up to date with best practices. To mitigate this, home visiting programs can collect data on chest/breastfeeding trainings which home visiting staff have attended (i.e. quantity, education topics, technical skills, culturally-specific skills)

Recommendation 3: Perform periodic review of policies and procedures as well as best practices from across the country to ensure program policies are up-to-date.

Recommendations for Oregon Local Home Visiting Program Administrators

Recommendation 4: Create standardized referral and/or warm hand-off policies and protocols

Each county should create standardized referral and/or warm hand-off policies and protocols based on the regionally available trained professionals if a client needs additional lactation support which the home visitor is not able to provide.

Standardized referral procedures for chest/breastfeeding related issues should be provided to home visitors to refer clients to:

- *Trained lactation specialists* if clients have engorged tender breasts, inverted nipples, forceful or poor let down, pain with feeding⁵
- *WIC clinics and services* (e.g. WIC breastfeeding peer support groups) if clients are [eligible for WIC services](#)
 - Consider joint home visits with WIC breastfeeding counselors when available
- *Healthcare provider* if client has signs of infection including redness, burning, itching, or pus¹⁹
- *Healthcare providers for children with special needs* (e.g. down syndrome, cleft palate)
- *Pediatric care provider* if infant has weight loss $\geq 8-10\%$ by day 5 or later, poor/inadequate weight gain, clinical signs of dehydration⁶

Procedures for a warm hand-off, or direct introduction of client from a home visitor to another care provider, should also be put in place. [Warm Handoffs for In-person and Virtual Services](#)²⁰ between team members in order of priority are:

1. In-person transition with all three participants present (client, home visitor, referral partner)
2. Scheduling a referral during the home visiting appointment or before the appointment is over
3. Follow-up call for client

Recommendation 5: Home Visitors share materials aligning with CDC, ACOG, AAP, ABM guidelines with home visiting clients

Chest/breastfeeding guidelines given to clients should align with evidence-informed practices from:

- **CDC** Centers for Disease Control and Prevention: [Breastfeeding Resource Library](#)
- **ACOG** American College of Obstetricians and Gynecologists [Breastfeeding Resources](#)
- **AAP** American Academy of Pediatrics [Breastfeeding Resources](#)
- **ABM** Academy of Breastfeeding Medicine [Breastfeeding Medicine Protocols](#)

Recommendations for either Oregon State or Local Home Visiting Administrators (depending on program administrative organization)

Recommendation 6: Train home visitors on core competencies to support chest/breastfeeding. Evaluate home visitor chest/breastfeeding support skills using validated instruments and core competencies.

| | |
|-----------------------------|---|
| Document name | Breastfeeding Support Training for Home Visitors Core Competencies, Healthy Families Baltimore County²¹ |
| Document description | This document contains: <ol style="list-style-type: none"> 1. Core Competencies to train home visitors on supporting chest/breastfeeding with clients 2. Checklist of chest/breastfeeding topics which home visitors should discuss with birthing people at pre-natal and post-natal sessions |
| Document Use | Use to identify topics to train home visitors on chest/breastfeeding education and for home visitors to have a checklist on educational topics to cover during visits |

Key content

The first part of the document contains lists of Core Competencies divided into 10 Modules which home visiting program administrators can incorporate into the training for new home visitors. The modules are prevalent themes when providing chest/breastfeeding support, and the competencies are how home visitor can address the theme to promote client chest/breastfeeding. The competencies identified could be basis for evaluation on a home visitor’s knowledge of providing chest/breastfeeding support.

Example Module:

| Module | Core Competencies |
|-------------------------------------|--|
| Module 4: Barriers to breastfeeding | <ul style="list-style-type: none"> • Acknowledges mothers’ concern about their ability to breastfeed. • Provides accurate and relevant information to mothers and their families about breastfeeding and emphasizes that most mothers can breastfeed. • Discusses appropriate solutions to common breastfeeding barriers and provides support and/or referrals as needed. |

The second part of the document contains a checklist of chest/breastfeeding education topics discussed during the pre-natal and post-natal home visiting sessions. The home visitor can use the checklist to ensure that they have provided comprehensive education and information to the birthing

person and family. Data can be collected from the checklist by home visiting programs to measure chest/breastfeeding education provided to families.

Example Topics Discussed During Pre-Natal Session:

- Benefits of Breastfeeding
- Breastfeeding for Dads
- Breastfeeding Barriers
- Community Resources
- Planning for the Hospital
- How Breasts Make Milk
- Baby-Led Breastfeeding
- Hunger Cues
- How to Know Baby is Getting Enough
- Supplementing

Recommendation 7: Assess home visitor knowledge of core competencies, communication skills, and probing patient medical history while delivering chest/breastfeeding support

American Academy of Pediatrics (AAP) Breastfeeding Residency Curriculum tools

The AAP created tools to evaluate medical residents’ knowledge and experience providing chest/breastfeeding support to patients, communication skills, and thorough evaluation of patient history and education. These tools can be tailored to expectations of program staff in their provision of chest/breastfeeding support based on the home visiting program structure and goals.

| | |
|-----------------------------|--|
| Document name | AAP Evaluation 1: Resident Care Evaluation ACGME Core Competencies²² |
| Document description | This assessment measures a chest/breastfeeding educators’ knowledge of topical Core Competencies including their Medical Knowledge, Patient Care, Interpersonal Skills and Communication, Practice-Based Learning and Improvement, and Systems-Based Practice. |
| Document use | This evaluation tool can be used by a nurse supervisor as a continuing education benchmark measure of a home visitor who has been working for at least 6 months |

Key content

Evaluation tool assesses how knowledgeable the staff is on providing chest/breastfeeding education, the way they interact with their client, and their ability to work within the larger healthcare and social services system. Feedback from the assessment should be provided to the home visitor to review core competencies of providing chest/breastfeeding education and support to families.

| | |
|-----------------------------|--|
| Document name | AAP Evaluation 2: Resident Care Evaluation Communication Skills²³ |
| Document description | This assessment evaluates communication skills when discussing chest/breastfeeding topics with a birthing person. |
| Document use | This evaluation tool can be used by a home visiting supervisor any time after a home visitor is onboarded to assess client communication skills. |

Key content

The tool assesses the skills of a home visitor including 1) Introducing the Topic 2) Building a Relationship 3) Information Gathering 4) Understanding of Patient’s Perspective 5) Sharing information and 6) Provide Closure. Feedback from the form should be provided to the home visitor to review key aspects of transparent and trusting communication with clients.

| | |
|-----------------------------|--|
| Document name | AAP Evaluation 3: Resident Care Evaluation Patient History and Education²⁴ |
| Document description | This assessment evaluates the extent of client medical history relevant to chest/breastfeeding discussed and the scope of chest/breastfeeding education provided to a client. |
| Document Use | This evaluation tool can be used by a home visiting supervisor any time after a home visitor is onboarded to assess their ability to ask about client medical history relevant to chest/breastfeeding and the quality of chest/breastfeeding education provided. |

Key content

The history section asks key topics related to a client’s medical and chest/breastfeeding history (e.g. current medications, alcohol/tobacco/recreational drug use). The education section asks about conversations related to chest/breastfeeding topics (e.g. reviewing benefits of breastfeeding, common feeding concerns in early postpartum period). Feedback from the form should be provided to the home visitor to review key historical topics to discuss during early stages of home visiting sessions.

Recommendation 8: Engage in continuous quality improvement (CQI) of chest/breastfeeding support training and evaluation.

| | |
|-----------------------------|--|
| Document name | CQI projects performed by MIECHV home visiting grantees²⁵ |
| Document description | This report outlines CQI projects performed by MIECHV home visiting programs to improve rates of chest/breastfeeding initiation, exclusive chest/breastfeeding and duration among clients. Projects test evidence and practice-informed changes to achieve increased rates of chest/breastfeeding among clients. |
| Document use | Use to brainstorm ways to plan, implement and evaluate change ideas influencing rates of chest/breastfeeding among home visiting clients. |

Key content

This report outlines six state MIECHV projects which were part of HV CoIIN (Home Visiting Collaborative Improvement and Innovation Network) working towards the SMART (Specific, Measurable, Achievable, Relevant, Time-Bound) Aim of *increasing exclusive chest/breastfeeding at three and six months among home visiting clients by 20%*. The teams mapped the primary drivers which need to be in place to support the SMART Aim. Those were expanded to include subsequent secondary drivers (specific actions necessary to achieve primary drivers). The secondary drivers led to change ideas

outlining actionable ways the primary drivers could be put in place to support the overarching SMART Aim.

State MIECHV programs selected which primary driver they wanted to prioritize, and set individualized SMART Aims to test identified change ideas. The change ideas were evaluated using the PDSA Cycle (**P**lan the test, **D**o the test, **S**tudy/Analyze results, **A**ct on results from test).

Primary Driver 1: Standardized internal (agency) policies and practices to support breastfeeding

Primary Driver 2: Build capacity of and support for home visitors to address breastfeeding in the target population

Primary Driver 3: Create strong community linkages to breastfeeding support systems

Primary Driver 4: Family Engagement

Recommendation 9: Prioritize training home visitors who want to receive lactation credentials

Home Visiting programs can support home visitors in receiving lactation certifications and accreditations. Commonly recognized certifications include IBCLC (International Board Certified Lactation Consultant), CLC (Certified Lactation Counselor), and CLE (Certified Lactation Educator).

| | |
|-----------------------------|--|
| Document name | US Breastfeeding Committee table²⁶ |
| Document description | This document outlines the description, training requirements, credentials, and available programming to pursue lactation support provider certifications as a: Lactation Consultant, Breastfeeding Counselor, Breastfeeding Peer Counselor, and Lactation Educator. |
| Document use | Use to understand the types of lactation providers and identify appropriate trainings for relevant home visiting staff. |

| | |
|-----------------------------|--|
| Document name | Pathways to Becoming a Lactation Support Provider²⁷ |
| Document description | This website outlines the steps in the overall pathway to complete certifications for lactation support provider roles. |
| Document use | Use to actualize staff training certifications with step-by-step instructions on how to obtain lactation support certifications. |

Funding for Staff Certifications

If a Home Visiting program selected “Breastfeeding” as a Title V priority and “Support advanced training, coaching and quality improvement activities for home visitors related to chest/breastfeeding” as a strategy, Title V funding can be put towards training home visitors as lactation support providers.

Recommendations for Oregon Health Authority

Recommendation 10: Provide nurse home visitors guidance on receiving payment for chest/breastfeeding education provided during home visits

Oregon nurse home visiting programs have noted challenges with billing for chest/breastfeeding education or lactation support services provided to clients. Home visiting programs can work to overcome this challenge by:

- Building a partnership with local CCOs
 - Determining point person in CCO to discuss services, billing mechanism and negotiating contract for provider payment
- Home visitors working in the Nurse Home Visiting Programs can bill Medicaid Targeted Case Management (TCM) for case management activities related to chest/breastfeeding, like referring a client for lactation support or following up on a lactation appointment referral
- As per CMS (Center for Medicare & Medicaid Services), states can bill to Medicaid services when giving postpartum care and examination of lactating mother, purchasing manual breast pump or individual electric breast pump, and renting hospital grade electric breast pump²⁸

The ultimate support would be for counties to work with insurance providers to establish reimbursement process for lactation services provided in the home visiting setting. Some Oregon counties (e.g. Linn County Public Health) are trailblazing the establishment of these types of reimbursements for staff.

Training

Many home visitors interviewed during the development of this Toolkit felt that additional training and resources in chest/breastfeeding was necessary in order to feel confident in their support, as well as to bridge the gap between the basic training they receive as new home visitors and the training someone would get while becoming a CLC or IBCLC. This section of the toolkit consolidates training resources that can be used by nurse or non-nurse home visitors, in addition to their required training, to increase their knowledge of and comfort with supporting lactation in their clients.

Training Resources for Home Visitors

| Title | Description |
|---|--|
| NACCHO Continuity of Care Webinars and Archived Webinars ²⁹ | A collection of webinars about a variety of chest/breastfeeding topics of interest related to continuity of care in lactation support. |
| Great Lakes Breastfeeding Webinars ³⁰ | A new webinar is released once per month and is viewable for up to one year. Examples of past topics include lactation and marijuana use, supporting young parents, and breastmilk storage. |
| Academy of Breastfeeding Medicine Clinical Protocols ³¹ | This page includes clinical protocols for a variety of lactation topics including supplementation, bedsharing, chest/breastfeeding promotion, substance use, pain, and more. |
| Washington State Department of Health Lactation and Substance Use Guidance for Healthcare Professionals ³² | Although aimed at healthcare providers, such as physicians, the information about the safety of chest/breastfeeding during use of certain substances can guide home visitors (especially nurse home visitors) in guiding their clients, and the recommendations are applicable to the home visiting setting. |
| The American College of Obstetricians and Gynecologists Breastfeeding Resources ³³ | Includes webinars and clinical guidance for support of lactation. This is aimed mostly toward healthcare providers and will be most useful for nurse home visitors. Some resources are private, but most are open access. |
| American Academy of Pediatrics Breastfeeding Residency Curriculum ³⁴ | This online training consists of five modules, each with a set of goals and a knowledge check at the end. Although aimed toward resident physicians, much of the information, especially System Based Practice and Interpersonal Communication Skills, will be useful in a home visiting setting. |

Tools for Home Visitors

| Title | Description |
|---|--|
| Learning About Challenges & Helping to Support Breastfeeding (LATCH) Tool ³⁵ | This tool gives home visitors a breakdown of risk and protective factors for lactation during different timeframes, both prenatally and postpartum, questions to ask, and possible interventions to support chest/breastfeeding at that stage. This can also be printed and used during visits for notetaking. |

| | |
|---|--|
| Drugs and Lactation Database (LactMed®) ³⁶ | LactMed is the definitive database to check for information about medication use while chest/breastfeeding. Substances and medicines are listed alphabetically and can also be searched by name. Any effects substances may have on lactation or the infant being chest/breastfed are listed. |
| Centers for Disease Control and Prevention: Breastfeeding and Special Circumstances ³⁷ | The CDC has compiled information for medical and public health practitioners about chest/breastfeeding under special circumstances including during illness, travel, relactation, and more. If any clients are facing these special circumstances, this resource is a good way for a home visitor to familiarize themselves with recommendations for lactation. |
| La Leche League Breastfeeding Info A to Z ³⁸ | La Leche League International hosts this repository of pages of information about chest/breastfeeding topics that may be of interest to parents. Examples of topics covered are: chest/breastfeeding adopted children, food allergies, birth control, constipation, foods for nursing parents, and hand expressing. These pages could be shared with clients, or used for the home visitor's own knowledge, depending on clients literacy level. |
| MedLine Plus Breastfeeding ³⁹ | On this site, NIH collects resources and articles about chest/breastfeeding topics for parents. These range in appropriateness for different levels of literacy and health literacy, and includes images, videos, info pages, and journal articles. |

Resources for Clients

| Title | Description |
|---|--|
| Centers for Disease Control and Prevention Breastfeeding Fact Sheets and Infographics ⁴⁰ | Includes infographics about pump care, storage and preparation of human milk, and supporting chest/breastfeeding in the community. Some resources available in Spanish. |
| New Mexico Breastfeeding Task Force Downloadable Guides ⁴¹ | Includes easy-to-understand guides and infographics about topics including milk storage and handling, return to work, intimate partner violence, and more. Most resources also available in Spanish. |
| healthychildren.org Breastfeeding Articles ⁴² | A-Z list of all topic articles from AAP's healthychildren.org. Articles are aimed at parents and break down things such as alcohol use, clogged ducts, myths about breastfeeding, and more in an easily digestible format. |
| Kellymom | A website run by an IBCLC which provides evidence-based chest/breastfeeding information in easily digestible articles. Many articles have been translated into a variety of languages. |
| Droplet | A website full of resources to help educate parents and encourage early chest/breastfeeding. It includes articles, graphics, and educational videos. |

| | |
|--|---|
| Office of Women’s Health Breastfeeding Resources ⁴³ | <p>Includes articles for parents that answer common questions, break down the benefits, address common challenges, and teach parents how to chest/breastfeed.</p> |
| Oregon WIC Nutrition Resources | <p>These resources can only be ordered by WIC staff, but home visiting programs may collaborate with WIC to acquire materials, offering a chance for collaboration and consistent messaging. Educational resources about chest/breastfeeding include: hand expression, keep breastfeeding, making more milk for your baby, my breastfeeding plan, pumping and storing breastmilk.</p> |
| WIC: Weaning Your Baby ⁴⁴ | <p>Information from WIC about when and how to wean a baby from chest/breastfeeding, tips, and strategies.</p> |

Culturally and Linguistically Appropriate Services (CLAS)

Home visiting clients should receive respectful and patient-centered care regardless of their ethnic or cultural background. Cultural humility and linguistic competence can strengthen chest/breastfeeding support for diverse clients. Cultural humility emphasizes the *value of diversity* when working across different human dynamics. The cultural humility model gives a useful framework to make cross-cultural work effective if the home visitors do not match the identity, background, and/or community of those they are providing chest/breastfeeding support to.^{45,46} It is also essential that the home visitor works towards providing clients with chest/breastfeeding resources and guidance in the language which they can understand and ideally, feel most comfortable with. Home visitors can practice cultural humility by relying on the following principles⁴⁷:

- Lifelong commitment to learning and critical self-reflection
- Desire to fix power imbalances within provider-client dynamic
- Institutional accountability & mutual respectful partnership based in trust

Oregon home visiting clients noted feeling most supported by their home visitors when their approach is “wanting to be a learner”, and respectfully asking about identity and cultural backgrounds with curious and non-judgmental attitudes. An Oregon lactation consultant notes that home visitors can provide culturally responsive chest/breastfeeding services by building rapport with the birthing person, being aware of their cultural dynamics (e.g. greetings, traditions), and providing auxiliary support to help the birthing person reach their determined feeding goals. This is especially important when working with communities who may not trust the medical system due to systemic and institutional racism.

The below evidence-informed resources can be utilized by all Oregon home visitors to provide chest/breastfeeding services to clients from diverse racial, ethnic, gendered, and linguistic backgrounds on the following topics:

[Cultural Humility in Chest/Breastfeeding Support](#)

[Societal Barriers Affecting Chest/breastfeeding and Pathways to Overcome](#)

[Centering Racial Equity When Working With Clients](#)

[Providing Chest/Breastfeeding Support to LGBTQ+ Families](#)

[Equity and Culturally Inclusive Trainings and Resources for Home Visiting Staff](#)

[Culturally Inclusive Resources available in Oregon](#)

Cultural Humility in Chest/Breastfeeding Support

| | |
|---------------------------------|---|
| Document Title | NACCHO: Cultural Humility: Shifting the Care Paradigm⁴⁸ |
| Presentation description | This presentation demonstrates practices of using cultural humility when providing chest/breastfeeding support. |
| Document Use | Home visitors can use this presentation to identify opportunities to practice cultural humility during chest/breastfeeding support sessions with clients. |

Key Content

This presentation contains resources like a **scale for measuring cultural humility**, outlines practices like **patient-centered care**, and discusses phenomena like **imbalances between providers and clients and provider compassion fatigue**. It outlines the key ASSESS elements of using cultural humility for chest/breastfeeding support which home visitors can follow:

- Ask questions, in a humble, safe manner
- Seek self-awareness
- Suspend judgement
- Express kindness and compassion
- Support a safe and welcoming environment
- Start where the patient is at

Societal Barriers Affecting Chest/breastfeeding and Pathways to Overcome

| | |
|-----------------------------|--|
| Document Name | Social Determinants of Breastfeeding in the U.S.⁴⁹ |
| Document description | This research article outlines the impact of various Social Determinants of Health (SDH) on chest/breastfeeding practices in the U.S. |
| Document Use | Home visitors can use this article to understand how SDH affect a client's ability and willingness to chest/breastfeed. This context can help determine pathways to overcome such barriers with clients. |

Key Content

- Implications of social determinants of health on chest/breastfeeding outlined include:
 - Education on chest/breastfeeding
 - Employment (Paid Time Off, Promotion in the work environment)
 - Food Security
 - Neighborhood and community resource availability

- Housing Stability
- Intersection of SDH and income levels/racism

| | |
|---------------------------------|---|
| Document Name | Center for Social Inclusion Report: A Structural Race Analysis of First Food⁵⁰ |
| Presentation description | This report describes the prenatal and postpartum chest/breastfeeding experience for three American women of different racial and socioeconomic backgrounds. |
| Document Use | Home visitors can use this document to understand the distinct barriers which birthing people from different backgrounds may experience in initiating and continuing chest/breastfeeding. This can help in identifying and working to overcome such barriers for diverse home visiting clients. |

Key Content

- Outlines societal barriers which birthing people from non-dominant cultures face to initiate and continue chest/breastfeeding, including:
 - Residency in “First Food Deserts” lacking chest/breastfeeding support
 - Financial and insurance restrictions
 - Restrictive work policies (i.e. paid parental leave, nursing spaces)
- Provides recommendations for practice and policy to support women of color in chest/breastfeeding:
 - Increase in medical infrastructure supporting chest/breastfeeding (e.g. Baby-Friendly Hospitals, lactation consultants, culturally sensitive healthcare providers)
 - Improved workplace policies (e.g. On-site lactation rooms, paid maternity leave, support from child care services)
 - Improved Community Support for public chest/breastfeeding (e.g. establish community spaces where birthing people can chest/breastfeed, home visiting programs)

Centering Racial Equity When Working With Clients

| | |
|-----------------------------|---|
| Document name | New Mexico Prenatal-to-Three Guiding Principles for Equity ⁵¹ English Spanish |
| Document description | This document outlines six guiding principles which allow practitioners to center racial equity in their work with pregnant and postpartum families. The principles work to acknowledge and address racism, change systems of oppression, and reflect on provider practice and healing. |
| Document Use | Home visitors can follow the principles to work towards racial equity with clients and their families. |

Key Content

- The six guiding principles for equity outlined are:
 1. Family Voice, Power, and Shared Decision-Making Leads to Equitable Services
 2. Respect and Celebrate Language and Culture
 3. Self-Awareness and Reflection Leads to Healing Interactions and Relationships
 4. Actively Transforming Systems is Essential
 5. Respect and Include Tribes and Tribal Sovereignty
 6. Value Diverse Community Knowledge and Experience
- Each principle is described in detail, including the supporting beliefs which embody the principle and guiding questions for providers to ask themselves to ensure they are working towards the upholding the principle when engaging with families.

| | |
|---------------------------------|---|
| Document name | USBC: Racial Equity Webinar Series – Decolonizing Breastfeeding Education⁵² |
| Presentation description | This presentation describes an Indigenous Breastfeeding Counselor (IBC) 45-hour educational course which was built to serve the Native community with skilled Native lactation care. |
| Document Use | Home Visiting Program Administrators can review this presentation to learn about the importance of providing Native-specific chest/breastfeeding education to home visitors to broaden the diversity of clients they can support. |

Key Content

- This presentation highlights how the IBC course was built to provide culturally relevant lactation care to Native communities. This program was uniquely created to address lactation support for Native birthing by:
 - Using Native people in pictures
 - Celebrate Native Mothering
 - Using indigenous fruits to communicate quantity of chest/breastmilk consumed by infants
 - Providing historical context which influences Native Americans chest/breastfeeding practices
- This webinar is a part of a larger “Racial Equity 101” series by the U.S. Breastfeeding Committee. Additional webinars which could be of use to home visitors include:
 - [Securing Our Own Mask Before Helping Others⁵³](#): Confronting implicit bias and performing self-assessment to dismantle structural racism.
 - [The Role of Leadership in Advancing Equity⁵⁴](#): Transforming white dominant culture into an equity-promoting culture by practicing listening, accountability, and holding others accountable for improvement and growth.

Breastfeeding Medicine Journal - Equity Articles

The below journal articles from the Breastfeeding Medicine Journal are all equity-centered and work to understand barriers which birthing people of color face in chest/breastfeeding.

| Article Name | Article Description | Article Use |
|--|---|---|
| Black/African American Breastfeeding Experience: Cultural, Sociological, and Health Dimensions Through an Equity Lens⁵⁵ | Literature review on the chest/breastfeeding experience of African American women through an Equity Lens. | Home visitors can gain a better understanding of the way which cultural, sociological and health dimensions impact chest/breastfeeding initiation and continuation for African American women. Home visitors may be able to better encourage chest/breastfeeding with this knowledge of common experiences which African American women face. |
| Structural Racism and Barriers to Breastfeeding on Chicagoland's South Side⁵⁶ | Analysis of the barriers to chest/breastfeeding among African American women in the South Side of Chicago. | Home visitors can gain context on the barriers which urban African American women face in Chicago and ways to effectively work against these barriers with clients. The article recognizes the impact of home visiting chest/breastfeeding support including referrals made to trained lactation care providers and provision of service components which actualize client needs. |
| Racial and Ethnic Disparities in Breastfeeding⁵⁷ | Literature review on racial and ethnic barriers to chest/breastfeeding rates and systematic review on chest/breastfeeding interventions among minority women. | Home visitors can better understand the barriers which minority women face in chest/breastfeeding, how this influences chest/breastfeeding initiation and duration among clients and the type of interventions which can break down these barriers. |

Providing Chest/Breastfeeding Support to LGBTQ+ Families

| | |
|---------------------------------|---|
| Document name | New Mexico Breastfeeding Task Force: Human Milk Feeding in our LGBTQ+ Families⁵⁸ |
| Presentation description | This resource guide outlines best practices for providing chest/breastfeeding support to LGBTQ+ families. |
| Document Use | Home visitors use this guide to understand lactation issues which can arise with LGBTQ+ families and how to advise clients on chest/breastfeeding practices in a respectful and informed fashion. |

Key Content

- Language considerations when working with LGBTQ+ population on Gender Identity and Chest/breastfeeding topics
- Lactation Options for LGBTQ+ Persons including:
 - Lesbian Parents
 - Gay Parents
 - Transgender Parents (Mothers and Fathers)
- Practical considerations of chest binding while chest/feeding and inducing lactation in a non-gestational parent

Equity and Culturally Inclusive Trainings and Resources for Home Visiting Staff

1. [Race Forward](#) is an organization which offers trainings to organizations committed to taking action for racial justice and operationalizing racial equity practices and policies. The [Racial Equity Training Series](#) could support home visitors to build racial equity practices when working within their communities.
2. [Milk Magic Educator Program by Nurturely](#) is a program created to gather ‘chest/breastfeeding enthusiasts’ and provide tools on culturally appropriate chest/breastfeeding education to community members. The program recognizes and works to overcome systemic barriers to lactation education for Black and Indigenous communities. Oregon Home Visitors who have attended this training spoke on its high quality and impact on their service provision with diverse client populations.
3. [Reaching our Sisters Everywhere](#) (ROSE): ROSE is an organization founded to address chest/breastfeeding disparities for communities of color. They offer culturally competent lactation training and education centered in maternal and child health. Relevant trainings and resources include:
 - The [ROSE Community Transformer Training](#), a 2-day workshop to train a lactation peer counselor for ROSE breastfeeding clubs

- Home Visitors can access the [African American Breastfeeding Blueprint⁵⁹](#), which analyzes the challenges and gaps in chest/breastfeeding initiation and continuation in the African American community and highlights nation-wide resources working to change this narrative
- Home visiting clients can be educated about [The Drip](#), a once-a-week online chest/breastfeeding support group for African American pregnant and breastfeeding moms.

Culturally Inclusive Resources Available in Oregon

Multnomah County: [Healthy Birth Initiative](#)

Healthy Birth Initiative addresses the needs of pregnant Black and African American birthing people and African immigrant and refugee families in Multnomah County by providing ongoing support before and after birth. Services are all provided by Black staff, and include in-home case management, access to community health nurses, and chest/breastfeeding support. If a client is interested in participating in the program, call 503-988-3387 or fill out a [referral form](#) to see if they are eligible for services.

Advocacy

Some of the greatest barriers to chest/breastfeeding are societal, with lack of workplace supports such as adequate paid leave and lactation-friendly policies chief among them. Home visitors and their clients in Oregon feel that often, there is not widespread community acceptance and support of lactation, and this makes it more difficult for parents to continue chest/breastfeeding. This section of the toolkit compiles resources to help home visitors be advocates for lactation in their communities, support their clients in knowing and asserting their workplace rights, and build breastfeeding coalitions to support this advocacy work.

Chest/Breastfeeding Promotion in the Community

| | |
|-----------------------------|--|
| Document Title | Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding⁶⁰ |
| Document Description | This extensive guide gives step-by-step instructions and strategies to support and protect chest/breastfeeding at a community level, whether as an individual or a coalition. Despite this being an older guide which includes some information specific to Texas, it includes excellent basic information about coalition building and advocacy that is applicable outside the Texas context. |
| Document Use | Home visitors and their programs can use this guide to strategize ways to promote breastfeeding in the whole community |

Key content

- Step-by-step guide for [building a community breastfeeding coalition](#)
- Assessing and addressing community needs around breastfeeding
- Influencing lactation legislation in the community
- Using media campaigns to promote chest/breastfeeding
- Using evidence-based approaches
- Repository of resources and materials to promote, support, and advocate for chest/breastfeeding

| | |
|-----------------------------|---|
| Document Title | Ten Steps to a Breastfeeding Family Friendly Community⁶¹ |
| Document Description | Outlines ten steps to achieve the Breastfeeding Family Friendly Community (BFFC) Designation |
| Document Use | Home visitors can take action in their communities to help meet these steps and make their communities for chest/breastfeeding friendly |

Key content

- The ten steps are as follows:

1. The community’s elected or appointed leadership has a written statement supporting breastfeeding that is routinely communicated to all.
2. The community as a whole provides a welcoming atmosphere for breastfeeding families.
3. Optimal breastfeeding is supported by health leadership.
4. During pregnancy, all families in the community are informed about the benefits of breastfeeding, as well as about the risks of unnecessary formula use, and where to access support as needed.
5. Health care in the community is breastfeeding friendly.
6. Non-healthcare system breastfeeding support groups and services are fully available in the community, including International Board Certified Lactation Consultants (IBCLCs), La Leche League, and other skilled breastfeeding support
7. The businesses and social organizations in the community are welcoming to breastfeeding families.
8. Local businesses and healthcare clinics/offices follow the principles of the International Code of Marketing of Breast-Milk Substitutes.
9. The World Alliance for Breastfeeding Action (WABA) Maternity Care or, in the US, The US Business Case for Breastfeeding is promulgated by the government and the Chamber of Commerce or equivalent.
10. Education systems, including childcare, K-12, colleges and universities, are encouraged to include breastfeeding-friendly curricula at all levels.

Return to Work/School and Workplace Protections

| | |
|-----------------------------|---|
| Document Title | Paid Leave Oregon⁶² |
| Document Description | This website contains all information about Paid Leave Oregon, Oregon’s new law ensuring paid time off to employees during qualifying events, including the birth of a child and bonding time with a child in the first year. |
| Document Use | Home visitors can use this page to familiarize themselves with Oregon’s paid leave program so that they are equipped to answer any questions their clients have and support them in ensuring they are able to use this program if needed. |

Key content

- Employers have been paying into Paid Leave Oregon since January 1, 2023, and employees can begin to apply for benefits on September 3, 2023
- Paid Leave Oregon allows employees to take paid time off for up to 12 weeks in a 52-week period for qualifying life events, and an additional 2 weeks may be taken in the case of pregnancy, birth, or to address health needs caused by childbirth

- Under this program, an employee’s job is protected as long as they have worked for their employer for 90 consecutive days, and employees have the right to return to the same job they had before taking leave

| | |
|-----------------------------|---|
| Document Title | Oregon Breastfeeding Laws⁶³ |
| Document Description | This OHA webpage outlines Oregon and federal laws that protect the workplace rights of chest/breastfeeding individuals, the right to breastfeed in public, and how to report problems. |
| Document Use | Home visitors can use this page to familiarize themselves with chest/breastfeeding laws so that they are equipped to answer any questions their clients have and support them in assuring that their rights are upheld. |

Key content

- Oregon law requires all employers to provide break time and a space that is not a bathroom for chest/breastfeeding employees to pump until their nursing child is 18 months old
- Federal law does not supersede state law, and whichever law offers the greatest protection is the law that applies
- Any concerns that individuals have about compliance can contact the Bureau of Labor and Industries
- Oregon law gives lactating individuals the right to chest/breastfeed in public

| | |
|-----------------------------|--|
| Document Title | OHA Breastfeeding Promotional Materials |
| Document Description | Downloadable materials developed by OHA to promote and protect chest/breastfeeding in the workplace and in public spaces. |
| Document Use | Home visitors may download or order from the Oregon WIC program using the order form link, and share these resources with clients. |

Key content

- Breastfeeding Rights Wallet Card (English and Spanish)
- Breastfeeding Welcome Here Sticker
- Breastfeeding Employee Rights Flyer (English and Spanish)

| | |
|-----------------------------|--|
| Document Title | OHA Breastfeeding: Return to Work or School⁶⁴ |
| Document Description | This OHA webpage outlines resources for lactating individuals and their employers, as well as strategies for parents to continue chest/breastfeeding once they return to work or school. |
| Document Use | Home visitors can share this with their clients and use it to help them strategize how they will continue chest/breastfeeding once they return to work or school. |

Key content

- There are many benefits for not only parent and baby, but also employers when the workplace is an environment supportive of chest/breastfeeding
- Employers often create a chest/breastfeeding policy which aligns with federal and state lactation accommodation laws, and examples can be found on this page, as well as toolkits for employers
- There are things that a lactating parent can do during pregnancy and maternity leave to help them be prepared for continuing to chest/breastfeed once they return to work, including pumping and storing milk in advance, getting baby used to drinking from a bottle 2 weeks before returning to work, and finding a breastfeeding-friendly childcare provider

| | |
|-----------------------------|---|
| Document Title | What to Expect from Your Employer When You're Expecting⁶⁵ |
| Document Description | This website from the U.S. Department of Labor collects resources about the Family and Medical Leave Act (FMLA), lactation accommodations, and challenges and supports in the workplace. There are a series of webinars and fact sheets about return to work. |
| Document Use | These resources can be shared with home visiting clients to help them feel prepared for their return to work and ensure they know what their rights are under federal law. |

Key content

- FMLA provides protected leave for prenatal care and times when an expecting parent cannot work due to their pregnancy and the birth and bonding time of the baby. It also protects from discrimination and harassment based on pregnancy and requires lactating parents to have adequate breaktime and space to pump.
- The webinar series explores what employees and employers can expect during pregnancy and after birth in a variety of scenarios, such as challenges experienced by Black mothers returning to work

| | |
|-----------------------------|---|
| Document Title | Talking to Your Boss About Your Pump⁶⁶ (also available in Spanish here) |
| Document Description | This is a guide to help lactating parents plan for their return to work and how to talk to their boss about accommodations they may require. |
| Document Use | This resource can be shared with clients and used alongside them to help them plan for meeting their lactation needs and talking to their boss upon return to work. |

Key content

- On a federal level, lactating individuals have protections under the PUMP Act, which requires reasonable break time and a non-bathroom space to pump or express milk
- There are additional accommodations that some people may need for lactation, such as if you often travel for work or have a medical complication related to lactation, and in most cases employers must make these accommodations under a new federal law, the Pregnant Workers Fairness Act
- Individuals should talk to their boss about their needs before they return to work, and be prepared to educate them about the reality of chest/breastfeeding and any accommodations they need, and come prepared with suggestions

Coalition Building

In Oregon, there are some communities which already have active breastfeeding coalitions which can be used as a model for those wishing to start one in their own community. These include:

[Linn Benton Lincoln Breastfeeding Coalition](#)

[Central Oregon Breastfeeding Association](#)

[African-American Breastfeeding Coalition of Oregon](#)

[Umpqua Valley Breastfeeding Coalition](#)

These coalitions not only promote and advocate for chest/breastfeeding, but also allow an opportunity for professionals from across organizations and programs to collaborate and share best practices. We encourage any home visitors or other individuals who are interested in forming a breastfeeding coalition to follow the steps outlined in the [Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding](#) as a guide, and reach out to current Oregon breastfeeding coalitions.

Gratitude

We would like to give thanks to all the people who supported and collaborated with us to bring this Lactation Support Toolkit to life. Thank you to our preceptors, Robin Stanton and Anna Stiefvater, who applied to the Title V Workforce Development program to have summer interns, set up meetings with Key Informants, supported the funding of the client focus group discussions, and advised us throughout the entire length of the project. We are so grateful for your unending guidance and support.

We would also like to thank the staff of the Maternal and Child Health Section at Oregon Health Authority, who warmly welcomed us as a part of their team. Staff were always willing to meet and speak on their project work. Home visiting program administrators were helpful in providing an overview of their respective programs and the existing training components for home visitors.

We would like to say a special thank you to all the home visiting staff across Oregon, as well as their clients, who took the time to speak with us about their experiences. We took on this project to enhance the program infrastructure, training, and educational resources available to home visitors on lactation support so that they could better serve their respective clients. The home visitors clearly have a profound and deep impact on the feeding experience of new parents in Oregon, and we are grateful to have built this Toolkit based on the input of Oregon home visitors and clients.

References

1. About Breastfeeding. Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/about-breastfeeding/index.html>. Published August 10, 2021. Accessed July 6, 2023.
2. Peñacoba C, Catala P. Associations Between Breastfeeding and Mother-Infant Relationships: A Systematic Review. *Breastfeed Med*. 2019;14(9):616-629. doi:10.1089/bfm.2019.0106
3. Gibbs BG, Forste R, Lybbert E. Breastfeeding, Parenting, and Infant Attachment Behaviors. *Matern Child Health J*. 2018;22(4):579-588. doi:10.1007/s10995-018-2427-z
4. Rees C. Childhood attachment. *Br J Gen Pract*. 2007;57(544):920-922. doi:10.3399/096016407782317955
5. Centers for Disease Control and Prevention. Breastfeeding Report Card, 2022. <https://www.cdc.gov/breastfeeding/data/reportcard.htm>. Published August 2022. Accessed July 6, 2023.
6. U.S. Department of Health and Human Services. Infants – Healthy People 2030. Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants>. Accessed July 6, 2023.
7. Public Health Division, Oregon Health Authority. Oregon’s State Health Assessment. <https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/state-health-assessment-full-report.pdf>. Published July 2018. Accessed July 13, 2023.
8. Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. Reasons for Earlier Than Desired Cessation of Breastfeeding. *Pediatrics*. 2013;131(3):e726-e732. doi:10.1542/peds.2012-1295
9. Ahluwalia IB, Morrow B, Hsia J. Why do women stop breastfeeding? Findings from the Pregnancy Risk Assessment and Monitoring System. *Pediatrics*. 2005;116(6):1408-1412. doi:10.1542/peds.2005-0013
10. Louis-Jacques A, Deubel TF, Taylor M, Stuebe AM. Racial and ethnic disparities in U.S. breastfeeding and implications for maternal and child health outcomes. *Semin Perinatol*. 2017;41(5):299-307. doi:10.1053/j.semperi.2017.04.007
11. Hans SL, Edwards RC, Zhang Y. Randomized Controlled Trial of Doula-Home-Visiting Services: Impact on Maternal and Infant Health. *Maternal and Child Health Journal*. 2018; 22 (Suppl 1):S105–S113. <https://doi.org/10.1007/s10995-018-2537-7>
12. McGinnis S, Lee E, Kirkland K, Miranda-Julian C, Greene R. Let’s Talk About Breastfeeding: The Importance of Delivering a Message in a Home Visiting Program. *Am J Health Promot*. 2018;32(4):989-996. doi:10.1177/0890117117723802
13. Kronborg H, Vaeth M, Olsen J, Iversen L, Harder I. Effect of early postnatal breastfeeding support: a cluster-randomized community based trial. *Acta Paediatr*. 2007;96(7):1064-1070. doi:10.1111/j.1651-2227.2007.00341.x
14. Illinois Maternal, Infant and Early Childhood Home Visiting Program. (2020). Maternal, Infant, and Early Childhood Home Visiting Breastfeeding Guidance.
15. Elaine L. Fitzgerald, DrPH. (2012). Infant Feeding Toolkit. <https://hv-coiin.edc.org/sites/hv-coiin.edc.org/files/Infant%20Feeding%20Toolkit%202017.pdf>
16. Ness, Maria; Martin, Alison; Fischler, Nurit. (2021). Oregon 2020 Title V Needs Assessment Report. Oregon Health Authority, Public Health Division.
17. Breastfeeding: AAP Policy Explained. (n.d.). HealthyChildren.Org. Retrieved August 4, 2023, from <https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Where-We-Stand-Breastfeeding.aspx>
18. Oregon Health Authority, Public Health Division. (2021). Babies First! 2021 Program Manual.

19. Lactation Consultant: When To See One & What To Expect. (n.d.). Cleveland Clinic. Retrieved July 31, 2023, from <https://my.clevelandclinic.org/health/articles/22106-lactation-consultant>
20. National Council for Mental Wellbeing. (n.d.). Warm Handoffs for In-person and Virtual Services. Retrieved August 1, 2023, from <https://www.thenationalcouncil.org/wp-content/uploads/2021/11/Warm-Handoffs-for-In-Person-and-Virtual-Services.pdf>
21. Breastfeeding CoC Resources—National Association of County and City Health Officials. (n.d.). Retrieved August 1, 2023, from <https://virtualcommunities.naccho.org/viewdocument/breastfeeding-core-competencies-for>
22. American Academy of Pediatrics. (n.d.-a). Resident Care Evaluation ACGME Core Competencies. Retrieved August 1, 2023, from <https://virtualcommunities.naccho.org/viewdocument/acgme-core-competencies>
23. American Academy of Pediatrics. (n.d.-b). Resident Care Evaluation Communication Skills. Retrieved August 1, 2023, from <https://virtualcommunities.naccho.org/viewdocument/aap-resident-care-evaluation-commun>
24. American Academy of Pediatrics. (n.d.-c). Resident Care Patient History and Education. Retrieved August 1, 2023, from <https://virtualcommunities.naccho.org/viewdocument/aap-resident-care-evaluation-patie>
25. Mackrain, M., & Dworkin, P. (2015). HV CoIIN: Implementing Quality Improvement to Achieve Breakthrough Change in Developmental Promotion, Early Detection, and Intervention.
26. US Breastfeeding Committee. (n.d.). Lactation Support Provider (LSP) Descriptors.
27. Lactation Support Providers Pathways. (n.d.). U.S. Breastfeeding Committee. Retrieved August 1, 2023, from <https://www.usbreastfeeding.org/lactation-support-providers-pathways.html>
28. DEPARTMENT OF HEALTH AND HUMAN SERVICES. (2012). Medicaid Coverage of Lactation Services. https://www.medicaid.gov/medicaid/quality-of-care/downloads/lactation_services_issuebrief_01102012.pdf
29. National Association of County and City Health Officials. (n.d.). Continuity of Care in Breastfeeding Support Webinars. Retrieved August 7, 2023, from <https://www.naccho.org/programs/community-health/maternal-child-adolescent-health/breastfeeding-support#webinars>
30. Michigan Breastfeeding Network. (n.d.). Great Lakes Breastfeeding Webinars. Retrieved August 7, 2023, from <https://mibreastfeeding.org/webinars/>
31. Academy of Breastfeeding Medicine. (n.d.). Protocols to Facilitate Best Practices in Breastfeeding Medicine. Retrieved August 7, 2023, from <https://www.bfmed.org/protocols>
32. Washington State Department of Health. (2023). Lactation and Substance Use Guidance for Health Care Professionals.
33. The American College of Obstetricians and Gynecologists. (n.d.). Topics: Breastfeeding. Retrieved August 7, 2023, from <https://www.acog.org/topics/breastfeeding>
34. American Academy of Pediatrics. (n.d.). Breastfeeding Residency Curriculum. Retrieved August 7, 2023, from <https://www.aap.org/en/learning/breastfeeding-curriculum/>
35. National Institute for Children’s Health Quality. (2023). Learning About Challenges & Helping to Support Breastfeeding (LATCH) Tool.
36. Drugs and Lactation Database (LactMed®) [Internet]. Bethesda (MD): National Institute of Child Health and Human Development; 2006-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK501922/>
37. Centers for Disease Control and Prevention. (2023). Breastfeeding and Special Circumstances. Retrieved August 7, 2023, from <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/index.html>

38. La Leche League International. (n.d.). Breastfeeding Info A to Z. Retrieved August 7, 2023, from <https://llli.org/breastfeeding-info/>
39. MedlinePlus. (2017). Breastfeeding. Retrieved August 7, 2023, from https://medlineplus.gov/breastfeeding.html#cat_69
40. Centers for Disease Control and Prevention. (2021). Fact Sheets & Infographics. Retrieved August 7, 2023, from <https://www.cdc.gov/breastfeeding/resources/fact-sheets-infographics.html>
41. New Mexico Breastfeeding Task Force. (2019). Downloadable Guides. Retrieved August 7, 2023 from <https://breastfeedingnm.org/resources/downloadable-guides/>
42. Healthychildren.org. (n.d.). Breastfeeding. Retrieved August 7, 2023, from https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx?gl=1*1omxivb*_ga*MTY2Nzk2MjY2LjE2OTA4MTk5NDk.*_ga_FD9D3XZVQQ*MTY5MDgxOTk0OS4xLjEuMTY5MDgyMDU3Ny4wLjAuMA..
43. Office of Women’s Health. (2021). Breastfeeding. Retrieved August 7, 2023, from <https://www.womenshealth.gov/breastfeeding>
44. WIC Breastfeeding Support. (n.d.). Weaning Your Baby. Retrieved August 7, 2023 from <https://wicbreastfeeding.fns.usda.gov/weaning-your-baby>
45. Foronda, C., Baptiste, D. L., Reinholdt, M. M., & Ousman, K. (2015). Cultural humility: A concept analysis. *Journal of Transcultural Nursing*, 27(3), 210–217. <https://doi.org/10.1177/1043659615592677>
46. U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH). (1999). Assuring cultural competence in health care: Recommendations for national standards and an Outcomes-Focused research agenda. https://minorityhealth.hhs.gov/Assets/pdf/checked/Assuring_Cultural_Competence_in_Health_Care-1999.pdf
47. Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*. 9 (2), 117-125.
48. Harumi Reis-Reilly. (2016, April). Cultural Humility: Shifting the Care Paradigm. <https://virtualcommunities.naccho.org/viewdocument/cultural-humility-and-breastfeeding>
49. Standish, K. R., & Parker, M. G. (2022). Social Determinants of Breastfeeding in the United States. *Clinical Therapeutics*, 44(2), 186–192. <https://doi.org/10.1016/j.clinthera.2021.11.010>
50. Center for Social Inclusion. (2015). *Removing Barriers To Breastfeeding: A Structural Race Analysis of First Food*.
51. Gonzales, J., & Harden, D. (n.d.). 2 | PN-3 EQUITY PRINCIPLES.
52. USBreastfeeding (Director). (2022a, November 11). *USBC: Racial Equity Webinar Series - Decolonizing Breastfeeding Education (1/2019)*. <https://www.youtube.com/watch?v=OStSCKF9SUk>
53. USBreastfeeding (Director). (2022c, November 11). *USBC: Racial Equity Webinar Series - Securing Our Own Masks Before Helping Others (03/26/2019)*. <https://www.youtube.com/watch?v=-hKpkEzaZw4>
54. USBreastfeeding (Director). (2022b, November 11). *USBC: Racial Equity Webinar Series - Leading for Racial Equity (07/24/2018)*. <https://www.youtube.com/watch?v=Nqca9FuDRDs>
55. Gyamfi, Adwoa et. Al. (n.d.). *Black/African American Breastfeeding Experience: Cultural, Sociological, and Health Dimensions Through an Equity Lens*. <https://doi.org/10.1089/bfm.2020.0312>
56. Butler, Margaret et. Al. (n.d.). *Structural Racism and Barriers to Breastfeeding on Chicagoland’s South Side*. <https://doi.org/10.1089/bfm.2020.0311>

57. Jones, K. M., Power, M. L., Queenan, J. T., & Schulkin, J. (2015). Racial and Ethnic Disparities in Breastfeeding. *Breastfeeding Medicine*, 10(4), 186–196.
<https://doi.org/10.1089/bfm.2014.0152>
58. New Mexico Breastfeeding Task Force. (n.d.). *Human Milk Feeding in our LGBTQ+ Families*.
59. Reaching Our Sisters Everywhere, Inc. (n.d.). *Saving Tomorrow Today: An African American Breastfeeding Blueprint*.
60. Texas Department of State Health Services. (2007). Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding.
61. The Breastfeeding Family Friendly Communities Team and the Carolina Global Breastfeeding Institute. (n.d.). Ten Steps to a Breastfeeding Family Friendly Community
62. Paid Leave Oregon. (2023). What is Paid Leave Oregon? Retrieved August 7, 2023, from <https://paidleave.oregon.gov/>
63. Oregon Health Authority. (n.d.). Breastfeeding Laws. Retrieved August 7, 2023, from <https://www.oregon.gov/oha/ph/healthypeoplefamilies/babies/breastfeeding/pages/laws.aspx#:~:text=Right%20to%20breastfeed%20in%20public%20law,up%2C%20causing%20embarrassment%20and%20stigmatization.>
64. Oregon Health Authority. (n.d.). Return to Work or School. Retrieved August 7, 2023, from <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/BREASTFEEDING/Pages/workplace.aspx>
65. U.S. Department of Labor. (n.d.). What to Expect from Your Employer When You're Expecting. Retrieved August 7, 2023, from <https://www.dol.gov/agencies/whd/maternal-health>
66. Worklife Law. (2023). Talking to Your Boss About Your Pump.