Volume 9 Issue No. 1
April 2025

Past Newsletters

BFREE Newsletter

Breastfeeding Resiliency, Engagement, and Empowerment

"Empowering parents to breastfeed every step of the way"

In This Issue

LETTER FROM THE EDITOR

Dear BFREE Coalition & Community Members,

Happy Spring from the BFREE Team! We hope you and your families are continuing to stay happy and healthy during this Spring season. We are especially pleased to present the April issue of our newsletter.

We are highlighting breastfeeding/chestfeeding around the world, a topic that explores diverse, cultural perspectives on lactation. This newsletter includes multiple perspectives from parents and experts of different ethnic and racial backgrounds. We are grateful to all of the parents and experts who shared their valuable insights with us.

First, we spotlight to our newsletter's theme on breastfeeding/chestfeeding around the world. We include background information on the topic and highlight multiple cultural perspectives, including migrant and parent experiences.

We then transition to celebrating Southampton High School for receiving Lactation Friendly Worksite Recognition, the Nassau County Department of Health Office of Health Equity for receiving Lactation Friendly Community Space Recognition, and the Cohen Children's Northwell Health General Pediatrics of West Islip for receiving Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation. We also highlight efforts to connect with Spanish-speaking communities in our region including partnering with La Fiesta Radio station.

Finally, we present our community corner - highlighting our recent efforts to connect with communities on Long Island.

As always, we are sincerely appreciative to all of this edition's contributors, to the entire BFREE Steering Committee for its active engagement and sage advice, and to each of you, our many collaborators, for your collective passion in support of breastfeeding/chestfeeding. Please email us at BFREE@northwell.edu to share feedback and any potential contribution ideas for future newsletters!

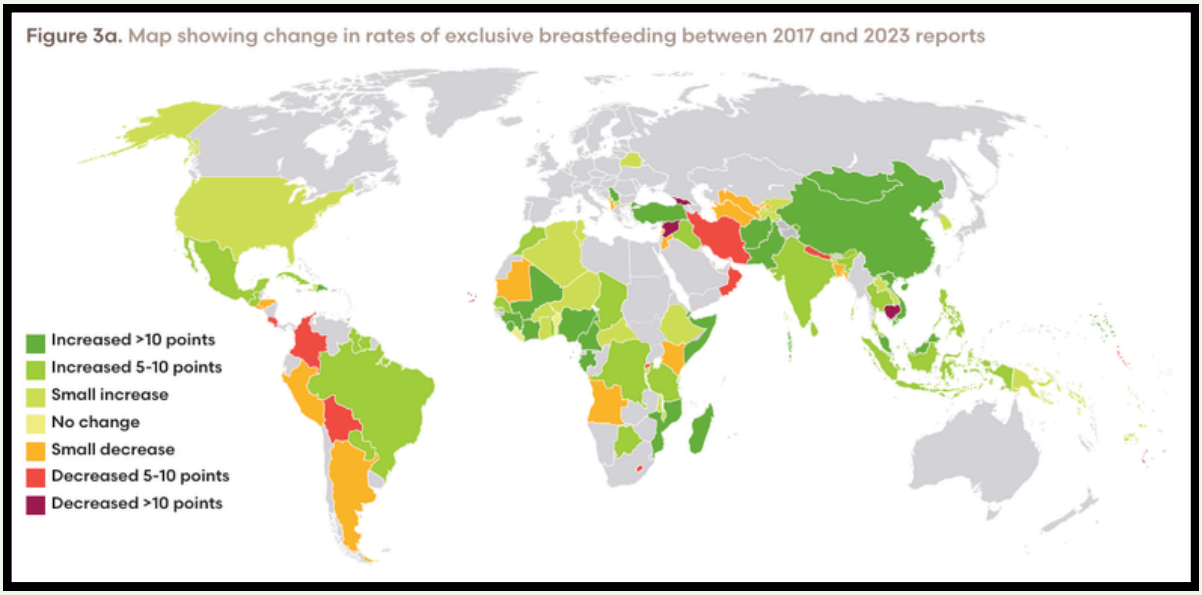
Sincerely,

Henry Bernstein, DO, MHCM, FAAP
Principal Investigator
Breastfeeding, Chestfeeding, and Lactation Friendly New York

*The BFREE Team understands that the language around breastfeeding can be very gendered and risks alienating marginalized populations. While we are encouraging more inclusive language, such as "parents" over "mothers", "partners" over "fathers", and "human milk" over "breast milk", we also wanted to stay true to the voices that generously contributed to this newsletter. We hope to continue educating ourselves and expand the inclusivity of our work to promote healthy infant feeding for all parents.

Breastfeeding Around The World

Breastfeeding/chestfeeding is practiced differently around the world; some communities prioritize lactation more than others. Based on UNICEF Breastfeeding Data, South Asia had the highest percentage (60%) of infants aged 0–5 months exclusively breastfed in 2022, whereas North America had the lowest percentage (26%) [1].



Based on the UNICEF Global Breastfeeding Scorecard of 2023, global rates of breastfeeding have increased due to breastfeeding support and protection through policies and programming [2]. As seen in Figure 3a. from the UNICEF Scorecard, a majority of countries have seen an increase in exclusive breastfeeding rates between 2017 and 2023.

Lactation support has a beneficial impact on parents, regardless of racial and/or ethnic background [3]. In the United States, it is especially important for us to advocate and protect minority communities and parents during their breastfeeding/chestfeeding journeys.

[1] https://data.unicef.org/topic/nutrition/breastfeeding/
[2] https://www.unicef.org/media/150586/file/Global%20breastfeeding%20scorecard%202023.pdf
[3] https://www.sciencedirect.com/science/article/abs/pii/S1871519217302779

BREASTFEEDING IN DIFFERENT CULTURES

The BFREE Team had the pleasure of interviewing Michelle Saavedra-Cedeno, CLC from Cornell Cooperative Extension Suffolk County. She currently serves as a billingual facilitator at the BFREE in-person lactation support groups (Westhampton Free Library & Pronto Community Center). In addition to being a breast/chestfeeding expert, she is a parent with personal breastfeeding experience. In this interview, she provides more insight into breast/chestfeeding and describes different cultural practices and perspectives.

My name is Michelle Saavedra-Cedeño a mother of three and wife to a supportive husband. Through these years helping families and supporting them with knowledge on how powerful their bodies are in providing nourishment to their babies has been a rewarding experience as a Certified Lactation Counselor.

Q1_ Please introduce yourself and your experience with breast/chestfeeding.

A. Hello, my name is Michelle Saavedra-Cedeño. I have been a certified lactation counselor for almost six years. My own personal breastfeeding experience was not easy to say the least. With my first child I knew I had wanted to breastfeed. I just didn't realize that it wasn't going to be as difficult as it was. From the first day. I had trouble with latching and it simply hurt so much. I was traumatized in the hospital when the nurse literally squeezed my breast so I could try to latch. I never knew about engorgement, never knew what a flat nipple was, and didn't realize I needed proper posture and positioning to commence a good latch. Eventually with my first, I only got to pump for around three months.

When I knew I was having my second child, my mission was to learn about breastfeeding and to successfully breastfeed him. Unlike my first, with him I had a great nurse who placed my baby right on my chest–not realizing she was helping me practice skin to skin–which helped me latch my baby successfully at the hospital. Once I was home, it all went downhill. I tried and tried to latch but it hurt so much. When my son was a month old, I was barely producing any breast milk, I was pumping maybe half an ounce at each session.

I went to my WIC appointment, and someone insisted on me practicing skin to skin with my baby every two hours. I went home and I did just that. I decided to plop myself on my couch and watch TV with my baby on my chest. While my baby was sleeping, he successfully latched, and we had a successful feeding session. Of course, I asked myself just like many others do "is my baby getting enough." I decided to practice skin to skin every two hours before my baby woke up. Long story short, through the act of skin to skin, I was able to bring up my production to the point that I fully breastfed my second until he self-weaned before he was one (I didn't know I was pregnant at the time).

By the time I had my third child my mission was to solely breastfeed. I felt like I was an expert, and it would be easy. Sure enough, it was not! I knew the basics this time around and I knew the importance of skin to skin, but once again I didn't realize the importance of posture, positioning, and needed to take into consideration for this baby that I had flat nipples and my baby had trouble latching. My baby cried at every feed and was hysterical, but I was so adamant that I solely wanted to breastfeed. By the time she was one month old, once again I went to a WIC appointment at which this time, I met a CLC. She assessed my latch and with her guidance I was able to use a nipple shield. For the first time since my baby was born, I had a proper latch, and my baby was no longer hysterically crying. I also later found out my baby was lip tied and was one of the reasons my latch was very painful.

Shortly after I became a WIC Bilingual Peer Counselor and a year later, I became a CLC. I knew I wanted to help as many women as possible who want to breastfeed. I knew that there were many like me who needed support and knowledge to successfully continue their breastfeeding/ chestfeeding journey.

Q2_ How is breastfeeding/chestfeeding seen in your culture? Is it encouraged?

In my culture breastfeeding is the norm. My family comes from Ecuador– family tends to be very close and homes tend to be multifamily or at least your family will live close by. Like the saying goes "It takes a village to raise your baby", you would essentially have "the village" there to help you.

My mom had me here in Queens, NY and had no women by her that would support her. Her "village" was back home and as much as she had phone calls encouraging her on what to do, she was not able to breastfeed and was discouraged by her doctor. My mom grew to believe formula and breastfeeding was the same for her baby's and the pain and tribulations to try to latch wasn't needed. She was not able to breastfeed any of her children. She does claim my sister (youngest) did latch when she was 6 months, but not for long.

My mom did try to encourage me to breastfeed my first but felt she was of no help. My mom once again contacted her sisters back home for advice, but it was so hard for me and as I mentioned before I was not able to latch.

Q3_ Can you describe any differences that you've seen in breastfeeding/chestfeeding norms in the United States compared to other countries?

Something I've heard numerous times from different families was when a mom was low on supply or for some reason mom was not able to breastfeed at the moment– a sibling wouldn't think twice to latch their sibling's baby to the breast if she herself was breastfeeding at the moment. This is something I do not hear too often from American norms.

Q4. How do different cultural norms related to breastfeeding/chestfeeding affect breastfeeding/chestfeeding rates?

A. Support and acceptance in any culture affects breastfeeding rates. In other countries, it's just simply the norm to breastfeed. Family members, providers, and friends are all different types of support and encourage latching and breastfeeding. Even the easiness of breastfeeding in public encourages the mindset to not give up.

Q5. Do you have any advice for parents who want to start breastfeeding/chestfeeding or are facing challenges doing so?

A. My major advice for anyone who hopes to breastfeed their children when the time comes is to educate yourself beforehand, before even the baby arrives. This education isn't solely for the person who will be breastfeeding/ chestfeeding, I encourage anyone who will be some sort of support to the breastfeeding person to find out more how we can make it easier and help when those obstacles arise. I'm not saying that breastfeeding is easy but if we prepare ourselves beforehand with knowledge of certain challenges that will arise during our breastfeeding/ chestfeeding journey it can make us feel less isolated. It can also help in understanding our different options to help us navigate when things aren't going as smoothly as we thought they would. Every parent that is currently facing any breastfeeding / chestfeeding challenges do not be afraid to seek help. I encourage parents to not give up on this journey and continue to search for assistance through your provider, through your doulas, through your midwives, community workers/ counselors, IBCLC, CLC's, family and friends. More than one of us has been in your same shoes and might give you that one advice that you've needed to push forward and continue successfully with your breastfeeding journey. A journey that is ultimately rewarding and memorable.

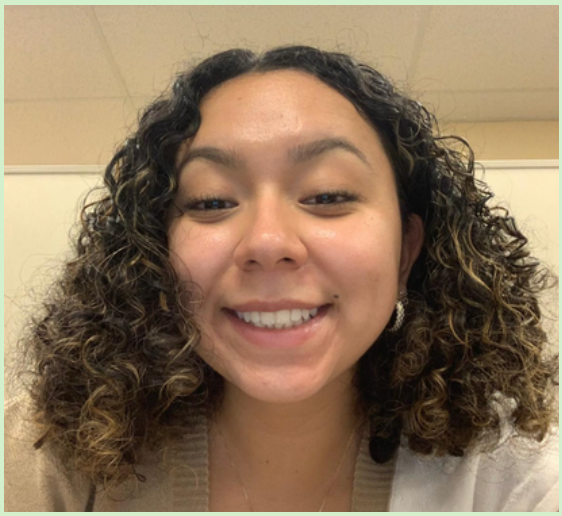
Breastfeeding by Migrant Parents

Supporting migrant parents, particularly in the context of breastfeeding, is crucial for promoting the health and well-being of both parents and children. Migrant families often face unique challenges such as language barriers, cultural differences, and limited access to healthcare, which can hinder their ability to breastfeed/chestfeed. These obstacles are compounded by the stress of adjusting to a new environment, navigating unfamiliar healthcare systems, and facing potential stigmas.

Providing tailored, culturally sensitive support is essential to overcoming these challenges and ensuring migrant parents have the resources they need for a positive breastfeeding/chestfeeding experience. By offering language-appropriate education and lactation support, we can help reduce health disparities and promote healthier outcomes for both parents and their children. Supporting this community not only improves individual family health but also strengthens the broader society by fostering inclusion and empowering migrant families to thrive despite the barriers they face. In this newsletter we interview experts who regularly work with parents of different backgrounds and highlight the experiences of migrant parents.

HELPING MIGRANT PARENTS IN THE COMMUNITY

BFREE is fortunate to work with many amazing community partners. In this newsletter, we had the opportunity to interview Centro Corazón de María based out of Hampton Bays, New York. Their mission is to provide education, social services, emergency assistance, and advocacy to help newly-arrived individuals and families become independent successful contributors to the community. We talked to their team about their work with migrant parents.



Emily Lozado
Social Services Coordinator

Emily Lozado serves as the Social Services Coordinator, advocating for and supporting the Latino community on the East End of Long Island. In her role, she provides compassionate support and direct services to those in need. She upholds the mission of Centro Corazón de María by assisting the community in an unbiased manner and addressing their immediate needs for them to succeed further in their new environment. Through her work, she has learned that everyone has a unique story, and serving as a guide can be essential in helping them move forward.

Jenifer Estrada
Education Coordinator

Jenifer Estrada is a passionate professional with over 15 years of experience in law, human rights, education, and community service. She holds a law degree with a focus on English and Human Rights. In 2018, Jenifer moved to the United States and joined Centro Corazón de María as the Education Coordinator, where she organizes life skills workshops to empower individuals in need. Jenifer is also a devoted mother of two, which deepens her empathy and understanding for the challenges faced by mothers in the community.

Leydy Merced
Executive Director

In Leydy Merced's role as Executive Director of Centro Corazón de María, she is dedicated to serving the immigrant families living in the East End of Long Island. She was previously an educator, teaching Spanish as a second language and English as a new language.
She holds the mission of Centro Corazón de María very close to her heart, as it involves extending support to a community that is filled with dreams, fears, challenges and uncertainties that come with starting a new life in a different place, with a new language and culture.

Q1. Are there any cultural traditions or beliefs that influence breastfeeding practices in the migrant community that you work with?

A. The perception of breastfeeding varies among Hispanic countries; in some, it is considered a taboo, while in others, it is widely accepted, and mothers feel comfortable breastfeeding in public. However, this might have a different influence and impact once living in the United States.

Q2. Does the migrant community you work with have access to regular healthcare for themselves and their baby/family?

A. Not all of our clients have access to regular healthcare, as the majority are undocumented. They typically qualify only for emergency care, which requires their condition to be life-threatening to receive treatment. For pregnant women, care is provided starting at the prenatal stage until postpartum for about 12 months (it varies by state). After that, mothers run the risk of developing illnesses that can go untreated due to the lack of healthcare access. The child qualifies for healthcare due to birthright citizenship; however, this eligibility could change under the new presidential administration.

Q3. What challenges do the parents you work with face when navigating the healthcare system?

A. They may not be eligible for regular healthcare and/or may lack language access that causes further alienation from the healthcare system. Additionally, many are not able to afford health care or able to get to the transportation to receive the services. Many individuals are not very well informed about the resources their children can receive and lack information about the resources they can access.

Q4. How does displacement affect the families you work with?

A. Families are impacted by the lack of timely healthcare access, increasing their risk of developing untreated illnesses. This, in turn, can affect their ability to work and provide for their families.

Q5. What kind of legal or policy barriers prevent the parents you work with from accessing healthcare?

A. There are several barriers preventing the parents with whom we work from accessing healthcare. Immigration status restrictions hinder their ability to access healthcare and limit their options, if any. Other barriers include concerns related to the Public Charge Rule, where families fear that obtaining certain services may impact their ability to secure legal status.This fear has intensified with recent changes in the presidential administration, leading some families to avoid seeking services altogether. Additionally, language and cultural barriers, including a lack of culturally competent care and fear of discrimination, can discourage families from seeking care. Also, lack of reliable transportation access and the means to afford it, affect their ability to seek the services needed. Lastly, the lack of employee access to health insurance, given that they receive low wages, limits their ability to afford medical care.

Q6. What resources does your organization offer to clients and parents? How can migrant parents get involved with your organization?

A. Centro Corazón de María has and continues to welcome our immigrant families living on the East End of Long Island. Our mission is to provide education through workshops/seminars on different topics ranging from nutritional health to knowing their rights and ESL classes; social services ranging from connecting to various resources based on needs to providing short term counseling; emergency assistance, support and advocacy to newly arrived individuals and families, so they may become independent and contribute successfully to our community.

- Migrant parents can get involved with Centro Corazón de María by attending community workshops, staying informed with the continuous changes affecting our community and participating in advocacy programs. They can also volunteer, aid in the creation of support groups, or seek assistance with navigating services for their families. For more information, they can visit the center in person or contact us directly at info@centrocorazondemaria.org or 631.728.5558.

MIGRANT PARENT PERSPECTIVES AROUND THE WORLD

Our BFREE Team would like to thank Misti, Holly, and the entire BFFNY Grant Team at The University of Rochester, Public Health Sciences Department, who have extensive experience working with migrant and refugee parents. We are fortunate for their help in obtaining the following parent perspectives.

Holly Widanka, MS, CLC

Project Manager/Sr. Public Health Project Specialist
University of Rochester School of Medicine and Dentistry - Dept. of Public Health Sciences

Misti Ellinger, BS, CLC

Public Health Project Specialist II
University of Rochester School of Medicine and Dentistry - Dept. of Public Health Sciences

To protect the identities of the parents who provided their perspectives, their names are anonymous.

MIGRANT PARENT PERSPECTIVES AROUND THE WORLD

"Parent A" was pregnant with her first child when Kabul, Afghanistan, fell to the Taliban in August 2021. Her husband served as a medic with the U.S. military, assisting in the evacuation of American troops. In response, the United States launched evacuation flights for Afghan citizens who had supported its military and processed special immigrant visas for families recognized as allies. The swift evacuation led to widespread resettlement across the United States. These responses reflect the experiences of the young mother who participated in the survey.

I breastfed both of my children. I need to breastfeed because, in my culture, mothers should always breastfeed. My religion also says breastfeeding is very important. My job, the duty of a mother.

It's very important to breastfeed, it's expected that a mother does this. If a mother can not do this, maybe her sister can breastfeed her baby for her. If babies breastfeed from another mother, the baby becomes a sibling to the other baby. Breastfeeding is also important because baby milk is not always available. After we have our babies we rest for 40 days. We drink soup called Letee to help us recover and make milk. It's sweet and has walnuts and spices.

I had a lot of help because our Health Center matched me with a helper, Ms. Misti. She came to my house every week when I was pregnant with my first baby to help me with questions and drive me to the doctor sometimes. She came when my baby was born and helped me breastfeed. I also made some new Afghani friends in the program who also were pregnant. They had babies after me so I could help them too.

I was given a great program, Ms. Misti came to my home and this was helpful because we did not have a car when we arrived in the USA. Taking the bus is hard with babies. Ms. Misti knew a language very close to mine and it was so nice to talk to Ms. Misti who understood my language. She also helped me find English classes. I am also very happy with the WIC program. They give my family lots of food when I am breastfeeding.

For other parents who are navigating this same journey, try to make friends who can help support you, even if you have shy feelings.

MIGRANT PARENT PERSPECTIVES AROUND THE WORLD

"Parent B" is a 25 year old parent from Cuba.

Although I am still pregnant and have not breastfed yet, most moms breastfeed their children.
In my household, my partner and the father of my child is supportive of my choice to breastfeed.

Breastfeeding is considered the norm and expectation. Family and friends are supportive to the point of trusted family members and friends directly breastfeeding another person's child when needed if mom has low milk supply or has to be away from her baby for a time.

Language barriers and lack of efficient city public transportation can cause difficulties when breastfeeding. Translators are very helpful.

"Parent C" is a 33 year old parent from Venezuela.

I have experience with breastfeeding and am currently breastfeeding my 18 month old son. It was challenging at first because my child could not take the breast initially due to medical issues and stay in hospital NICU, so I had to pump. My child was able to learn to latch and feed directly at the breast after his medical issues were resolved. Help from staff at Lactation office on Lattimore road was helpful. They were understanding of my culture since I arrived late to my appointment and provided a Spanish translator.

In my culture, breastfeeding is the norm and expectation. Language barriers and public transportation can make it difficult.

MIGRANT PARENT PERSPECTIVES AROUND THE WORLD

"Parent D" is from Nigeria.

I have experience breastfeeding. My mom breastfed all eight of her children for at least two years. My siblings and I breastfed, and some are presently breastfeeding their children. To everyone in my family, breastfeeding is not a choice. It's a way of life, and BF is considered part of the childbearing process.

In Nigeria, breastfeeding, is culturally valued and practiced, with significant variations in perceptions and practices among different regions and social groups. While many view it as the best and natural way to feed their and maternal bonding, there is a strong emphasis on exclusive breastfeeding for the first six months, as recommended by the World Health Organization. National guidelines advocate for breastfeeding up to two years or more, but cultural beliefs influence actual weaning practices, leading to some communities practicing extended breastfeeding. Urban areas tend to have more support and resources beside family members, while rural areas are supported by their mothers or older female relatives and peers . There are Some misinformation and societal pressure surrounding breastfeeding, especially unsolicited advice that could lead to confusion . Overall, breastfeeding is positively regarded in Nigeria, but various cultural, regional, and socioeconomic factors shape its practices.

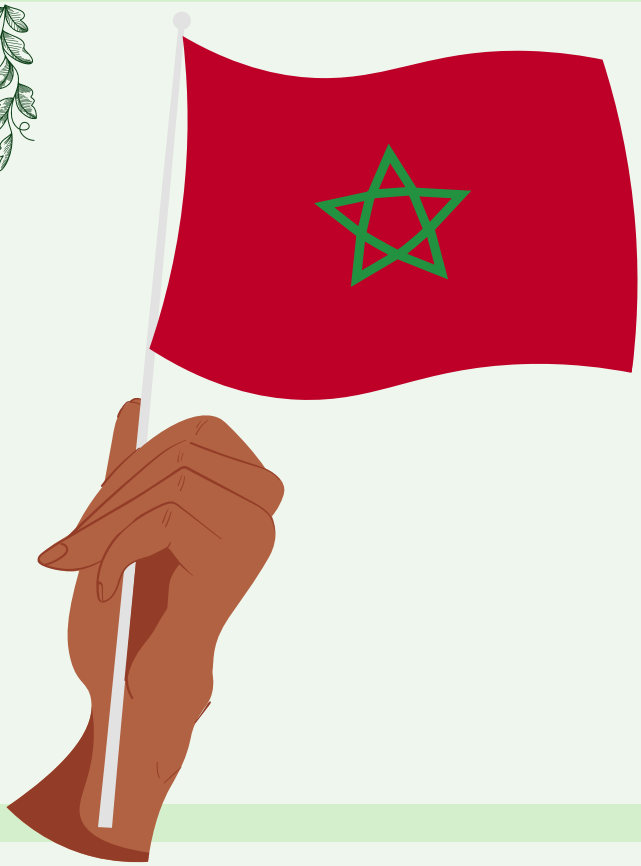
Regarding barriers, I am unsure; most Nigerians, especially first-time moms, take advantage of multiple hospital services and virtual support groups, while others with birth experiences continue their practices as they would back in Nigeria. For example, some unique Nigerian beverages that most cultures use during postpartum to stimulate breast milk production are Kunu Geda, koko, kunu Kanwa, acamu, ogi, and pap. These traditional Nigerian beverages are made from various grains and ingredients such as corn, guinea corn, maize, millet, groundnuts, sorghum, ginger, and/or sweet potatoes. They can be enjoyed warmly and blended with water to create a smooth, thick consistency. They may be sweetened with sugar or flavored with spices. They hold significant cultural value and how it helps in milk production and healing. The inability to access these items could be a barrier resulting in perceived low or no milk supply; however, WIC benefits could provide most of these ingredients and they can prepare it. On the other hand, most of these ingredients can easily be purchased and prepared here in America.

We have many lactation support services here in Rochester that parents utilize. I have encountered people who prefer to do things like they did back home.

Feel free to nurse in public places like places of worship, stores, schools, and playgrounds because it's the same rule as back in your home countries. Parents have the right to nurse in public places and are supported by laws.

MIGRANT PARENT PERSPECTIVES AROUND THE WORLD

"Parent E" immigrated to the USA after marrying her husband, who had come through the lottery visa program from Morocco. When she arrived, she had no English language skills but was fluent in French, Arabic, and some German. Shortly after her arrival, she welcomed her first child and has since breastfed both of her children.



I breastfed both of my children. Breastfeeding here in the US didn't feel quite different from breastfeeding in Morocco. The only thing that stood out to me was the postpartum care. When I went home, the nurse who took care of me after I gave birth called me multiple times to check in, give advice, and see if I needed any help. In my home country, you're left on your own unless you actively seek help.

I feel like in my home country, breastfeeding is more common than in the US. The mother is encouraged to breastfeed for as long as possible, could be even up to 2 years. Personally, I don't feel that much of a difference when it comes to the practice of breastfeeding itself.

One major challenge is the lack of family support. In my home country, when a woman gives birth, she often has her mother, aunts, or sisters helping her at home, taking care of cooking and household chores while she focuses on the baby. In the United States, I didn't have that kind of help, and since breastfeeding takes a lot of time and energy; it was exhausting. Some hospitals and clinics offer lactation consultants, which can be helpful but only if you understand English to a certain level. There are even some free courses where they teach you everything you need before giving birth, including breastfeeding.

I personally didn't come across any community based programs in my city. However, there are programs that support you during your breastfeeding journey but they don't usually focus on traditions. My advice to other migrant parents is to trust the doctors and nurses. They are very professional and really know what they're doing. Sometimes, as migrants, we hold on to traditional practices, but it's important to balance that with the medical advice we receive. If a doctor or nurse gives specific instructions, I really recommend following them because they are trained to ensure both the baby and the mother are healthy.

Lactation Friendly Success Spotlights

The BFREE Team is happy to have celebrated with Southampton High School for achieving NYS Lactation Friendly Worksite recognition! In particular, we would like to thank their site champions, Darren Phillips and Thea Fry, for putting in a great amount of effort to support employees along their breast/chestfeeding journey. More recognitions to come for the middle school and elementary school in the district!

Pictured (L-R) are Darren Phillips, site champion; Sara Popofsky, from the BFREE team; Thea Fry, teacher and member of the BFREE steering committee; Leonard Zinnanti, Southampton Village Deputy Mayor; Irene Navas, High School Assistant Principal; and Anusha Panjwani, from the BFREE team.

Pictured (L-R) are Irene Navas, High School Assistant Principal; Anusha Panjwani, from the BFREE team; Darren Phillips, site champion; Thea Fry, teacher and member of the BFREE steering committee; Sara Popofsky, from the BFREE team; Dr. Melissa Mitchell, Assistant Principal,; and Dr Brian Zahn, Principal.

Office on Women's Health National Breastfeeding Helpline: 1-800-994-9662

Call anytime M-F 9:00 am-6:00 pm to talk with a health information specialist in English or Spanish

This work is supported by the NYSDOH "Breastfeeding, Chestfeeding, and Lacation Friendly New York" grant which aims to increase local capacity and support to improve the continuity of care for breastfeeding/chestfeeding, especially in low income, racially and ethnically diverse communities with the overarching goal of reducing breastfeeding/chestfeeding disparities in these communities. Congratulations to all for being recognized for your hard work and you have our deepest gratitude for working with our team.

The BFREE Team is happy to celebrate with Cohen Children's Northwell Health General Pediatrics of West Islip for achieving NYSDOH Lactation Friendly Designation! This is the first practice site of our new grant to receive this designation. In particular, we would like to thank their site champion, Jemmie Leigh Dorfman, for putting in a great amount of effort to support the members of the community and their breast/chestfeeding journey.

Pictured (L-R) are Sara Popofsky, from the BFREE team; Dr. Timothy George, Pediatrician; Michele Hopkins, Lead LPN; Jemmie Leigh Dorfman, Nurse Practitioner; Annie Tachack, Supervisor; Dr. Dayana Del Cisne Sanchez, Pediatrician; Pamela Anderson, from the BFREE team.

The BFREE Team is happy to celebrate with Nassau County Department of Health Office of Health Equity for achieving Lactation Friendly Community space recognition! Our team was happy to celebrate this achievement and the opening of a new lactation support group in this space (see page 16 for more information on the monthly support group). In particular, we would like to thank their site champion, Dr. McCummings, for putting in a great amount of effort to support the members of the community and their breast/chestfeeding journey. We would also like to thank the Nassau County government officials who came to help celebrate this achievement and support the community of Nassau County.

Pictured (L-R) are Dr. Irina Gelman, Commissioner of Health of Nassau County; Bruce Blakeman, County Executive of Nassau County; Anissa Moore, Deputy County Executive of Nassau County; Elaine Phillips, County Comptroller of Nassau County; Debra Múle, Legislator for District 6 of Nassau County; Geri Barish; Pamela Anderson, from the BFREE team; Angela Beatriz Cabrera, from the BFREE team; Julie Basem, Doula and lactation facilitator for BFREE lactation support groups.

Connecting With Our Spanish-Speaking Community

The BFREE Team is grateful to Paola Duarte (CLC), Sandy McCabe (IBCLC), Marta Blanco (CLC), Italia Granshaw (CLC), Michelle Saavedra-Cedeno (CLC), Lizeth Villa, Maria Rosales, Carmen Nunez, Dhayan Mego, and Miguelina Vera, and the community health workers from the Perinatal and Infant Community Health Collaborative (PICHC) for their excellent facilitation and translation in our ongoing Spanish Lactation Support Groups to promote culturally and linguistically competent services. We would also like to thank our subcommittee for Spanish-Speaking Communities for recommending this valuable initiative and working tirelessly to advocate for the community!

We have continued to partner with the radio station La Fiesta 98.5. We were fortunate to have Ivis Penalver, Assistant Director and Lactation Consultant at Jamaica Hospital Medical Center WIC Program, join the radio station to speak about "Donor Milk". Please click here to view the interview.

Ivis Penalver, Directora Asistente

JAMAICA HOSPITAL MEDICAL CENTER WIC PROGRAM

This project is supported by NYSDOH Grant #530461. The content of this newsletter is the responsibility of the Contractor and does not necessarily represent the opinions and interpretations or policy of the New York State Department of Health.

Introducing Our New IBCLC!

Rachel M. Cascone, MSN, RN, IBCLC

Rachel is the Clinical Program Manager for Katz Women's Hospital at North Shore University Hospital leading a team of lactation consultants who provide >10000 consultations annually. Rachel's career began as a NICU RN at Schneider Children's Hospital (now Cohen Children Medical Center). After becoming board certified in lactation, Rachel moved to the NICU Lactation RN role at North Shore University Hospital where she served for 10 years. In 2017 Rachel moved into her current role, where she oversees the operational, educational, personnel and quality components of the hospital-wide lactation service. She served as faculty and poster presenter for multiple conferences. Rachel co-created a free online breastfeeding education video series in collaboration with Katz Institute for Women's Health. She supports lactation research initiatives, participates in policy/guideline development, and is a member of the New York State NICU Equity Project. Rachel is now leading North Shore University Hospital on the pathway to Baby Friendly designation. She is delighted to join the team at BFREE and support their important work.

Community Corner

Suffolk County Teen Pregnancy Advisory Board's Teen Parent Conference

On December 13th, the BFREE team tabled at the Conference. We had an amazing time sharing breastfeeding/chestfeeding resources & our free lactation support groups with new and expecting parents. We are also so grateful to our community partners who tabled at the event.

On November 15, our BFREE Team tabled at the Southampton Town Employee Benefit Fair! We distributed breastfeeding/chestfeeding resources and connected with some amazing community partners in Southampton. Thank you to the Southampton Town Hall for inviting us to this event!

Southampton Town Employee Benefit Fair

Suffolk County Teen Pregnancy Advisory Board's Teen Parent Conference

On February 26th, the BFREE team tabled at South Shore University Hospital and SCDHS Baby Shower for expecting and new parents! We shared breastfeeding/chestfeeding resources, played games, brought givaways, and celebrated members of the community. Thank you for having us, we had an amazing time!

On March 25th, the BFREE team tabled at the Community Center in St. Rosalie's Church to share our resources with the Hampton Bays community. We distributed our resources, gave out giveaways, and met other community organizations. Thank you to The Coalition for Women's Cancers, Cancer Schmancer Organization, and Centro Corazon de Maria for holding this amazing event.

Lucia's Angels Health Fair

BFFNY Grantee Convening Meeting

In October, the BFREE team attended the 2024 Breastfeeding, Chestfeeding, and Lactation Friendly New York (BFFNY) Grantee Convening Meeting in Albany, NY. We enjoyed discussing future grant goals, talking about creating lactation-friendly spaces, and sharing experiences about collaborating with partners/coalitions. Thank you to all our fellow grantees for making this such an incredible event!

Free Virtual Prenatal Classes

FREE VIRTUAL BABY BASICS CLASS

- Expecting and new parents (and their families) are invited to our FREE monthly prenatal classes!
- Topics include: breastfeeding/chestfeeding, nutrition, car seat safety, postpartum depression, jaundice and more!
- **Sessions are available in English and Spanish.**

Join any session by:

ZOOM LINK
bit.ly/BFREElactationsupport

1st Monday of each Month

6:00 - 7:00 PM in English

7:00 - 8:00 PM in Spanish

PHONE
+1-646-568-7788
Meeting ID: 923 0683 0122
Passcode: 1

WWW.FACEBOOK.COM /BFREE.COALITION

@BFREE.TEAM

Hosted by healthcare professionals.
Questions/technology concerns? Email BFREE@northwell.edu

Cohen Children's Northwell Health | BREASTFEEDING RESILIENCY, ENGAGEMENT, AND EMPOWERMENT | Cornell Cooperative Extension Suffolk County | NEW YORK STATE Department of Health | Breastfeeding, Chestfeeding, and Lactation Friendly New York

Introducing Our New Lactation Support Group in Hempstead!

BRUCE A. BLAKEMAN
NASSAU COUNTY EXECUTIVE

Hempstead Lactation Support Group

Join us at our free, drop-in, in-person lactation support group to get advice, meet other parents, and share experiences!

1st Wednesday of Each Month

11:00 AM - 12:00 PM

Sessions held in English and Spanish.

All parents and families are welcome.
For more information, please email bfree@northwell.edu.

In partnership with:

NEW YORK STATE Department of Health | Breastfeeding, Chestfeeding, and Lactation Friendly New York

Cohen Children's Medical Center Northwell Health

HarmonyHealthcare Long Island

Nassau County Department of Health
Office of Health Equity
40 Main St. Suite C, Hempstead, NY 11550
516-572-2978

NASSAU COUNTY DEPARTMENT OF HEALTH

Join our free VIRTUAL lactation support groups at:
bit.ly/BFREElactationsupport

Join our free IN-PERSON sessions at Pronto of Long Island in Bay Shore, Sun River Health in Wyandanch, and Westhampton Free Library in Southampton!

To learn more about the BFREE Team and to access our free resources, please click below:

BFREE Website | BFREE Facebook | BFREE Instagram