



**Department  
of Health**

**Breastfeeding, Chestfeeding,  
and Lactation Friendly New York**

New York State  
Breastfeeding, Chestfeeding, & Lactation Friendly  
Practice Designation

# Program Handbook

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# Program Handbook

Thank you for your interest in the New York State (NYS) Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation! This handbook includes information about the program, how to earn the designation award, and key resources to support implementation. Refer to this as a guide during the designation or redesignation process. For questions about the information in this handbook, contact [promotebreastfeeding@health.ny.gov](mailto:promotebreastfeeding@health.ny.gov).

NAVIGATION TIP: Click on an item in the Table of Contents to navigate to a section within the handbook.

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## About the Designation

The NYS Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation is awarded to eligible health care practices in NYS that achieve all NYS Ten Steps to a Breastfeeding, Chestfeeding, and Lactation Friendly Practice (NYS Tens Steps). The program is administered by the State Physical Activity and Nutrition (SPAN) Program at the NYS Department of Health (DOH).

## Purpose

To guide and assist health care providers and office staff in outpatient health care practice settings to improve the continuity of care and advance health equity for breast/chestfeeding families by implementing strategies supportive of breastfeeding, chestfeeding, and lactation that are culturally responsive to and inclusive of all families served.

**Continuity of Care** in breastfeeding is achieved by consistent, collaborative, and seamless delivery of high-quality services from the prenatal period until families are no longer breastfeeding. Continuity of care results in transitions that are coordinated and fully supportive of families throughout their breastfeeding journey.

(Source: [CDC/NACCHO](#))

## Practice Settings

Eligible practice settings include pediatric, obstetrics and gynecology (OB/GYN), family medicine, midwifery, and federally qualified health centers (FQHC).

## Background

Health care providers in outpatient health care practices play an integral role in ensuring continuity of care for breast/chestfeeding families. Providers can promote breast/chestfeeding and infant human milk feeding in the preconception period and during pregnancy. Providers can also support families postpartum as they begin and continue to breast/chestfeed, and through ongoing care of the birthing person, infant, and family.

Becoming a designated practice indicates dedication to improving and establishing optimal maternal and pediatric care in support of breast/chestfeeding and infant human milk feeding. This designation provides opportunities to promote the quality of services to your community.

Major medical and governmental organizations recognize optimal infant and young child feeding as exclusive breastfeeding for the first six months and continuing to breastfeed, with the addition of age-appropriate complementary feeding for a least one to two years or more. Organizations include: the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians (AAFP), the World Health Organization (WHO), and the U.S. Department of Health and Human Services (HHS).

While 88% of infants in NYS initiate breastfeeding during the birth hospitalization, the proportion of infants receiving any breast milk or continuing to breastfeed at six months drops to 60%.<sup>1,2</sup> At

<sup>1</sup> CDC. [Breastfeeding Initiation Rates by County or County Equivalent in New York.](#)

<sup>2</sup> CDC. [Rates of Any and Exclusive Breastfeeding by State among Children Born in 2020.](#)

twelve months, 38% of infants are still breastfeeding, which is below the Healthy People 2030 U.S. target of 54%.<sup>2,3</sup>

A partnership between the DOH, P2 Collaborative of Western New York, and United Way of Buffalo & Erie County's Healthy Start Healthy Future for All Coalition facilitated the development of the NYS Ten Steps to a Breastfeeding Friendly Practice, accompanying implementation guide, designation criteria, and model office policies.<sup>4</sup> The DOH launched the state level designation program in January 2016. As of August 2023, 87 practices across NYS were designated and listed on the DOH [Breastfeeding Friendly Practices by County](#) website.

## Health Equity and Inclusion

Infant feeding disparities are well documented and reflect historical and current structural and systemic racism and discrimination. There are disparities across multiple breastfeeding measures by social-demographic factors such as race/ethnicity, maternal education, maternal age, income, geographic location, and other factors. Infants are less likely to start or continue breastfeeding if they live in a non-metropolitan area, their family income is low, their birth parent did not go to college, or if they are Black. Efforts to increase breastfeeding initiation and duration are needed to reduce breastfeeding disparities.<sup>5</sup> Combining breastfeeding, chestfeeding, and lactation support in the birth hospital with community-based, culturally relevant, comprehensive lactation support has been shown to be the most successful approach to increase breastfeeding measures and reduce racial/ethnic disparities.<sup>6,7</sup> **Health care providers have a critical role in ensuring their local community supports breast/chestfeeding by strengthening collective capacity to address structural barriers and addressing breakdowns in continuity of care that contribute to inequitable breastfeeding rates.**<sup>8</sup>

In 2023, the DOH changed the program name from NYS Breastfeeding Friendly Practice Designation to NYS Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation to reflect a more inclusive approach to the DOH's breast/chestfeeding promotion, protection, and support initiatives and to align with the [Breastfeeding, Chestfeeding, and Lactation Friendly New York Program, 2023-2028](#). For the designation program, the term breastfeeding/chestfeeding will be used to be more inclusive, recognizing that some people are not comfortable with the term breastfeeding (e.g., some transgender or nonbinary parents or some cisgender women with a history of past trauma). Chestfeeding can also refer to feeding an infant on the chest with a feeding tube attached to the nipple. For more information about strategies to promote health equity and inclusion through the NYS Ten Steps, refer to the [Health Equity Guide](#) in the Program Handbook.

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<sup>3</sup> HHS. [Healthy People 2030](#).

<sup>4</sup> Gregg DJ, Prokorym M, Dennison BA, Waniewski P. [Breastfeeding-Friendly Erie County: Establishing the New York State Breastfeeding Friendly Practice Designation](#). *J Hum Lact*. 2015 Nov;31(4):623-30. doi: 10.1177/0890334415593541. Epub 2015 Jul 7. PMID: 26152203.

<sup>5</sup> CDC. [Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born in 2020](#).

<sup>6</sup> Merewood A, Bugg K, Burnham L, et al. [Addressing racial inequities in breastfeeding in the Southern United States](#). *Pediatrics*. 2019;143(2): e20181897.

<sup>7</sup> Merewood A, Burnham L, Berger J, et al. [Assessing the impact of a statewide effort to improve breastfeeding rates: A RE-AIM evaluation of CHAMPS in Mississippi \(published online ahead of print, 2022 May 4\)](#). *Matern Child Nutr*. 2022:e13370.

<sup>8</sup> NACCHO & United States Breastfeeding Committee. (2021). [Continuity of Care in Breastfeeding Support: a Blueprint for Communities, Figure 4](#).

## NYS Ten Steps to a Breastfeeding, Chestfeeding, and Lactation Friendly Practice (NYS Ten Steps)

### Create a Breastfeeding, Chestfeeding, and Lactation Friendly Office

1. Develop, put into practice, and maintain a written breastfeeding, chestfeeding, and lactation friendly office policy.
2. Train all staff to promote, support, and protect breastfeeding, chestfeeding, and lactation.
3. Stop routinely distributing infant human milk substitutes. Also, remove formula marketing materials and gift packs from your office.
4. Create a breastfeeding, chestfeeding, and lactation friendly office environment.

### Encourage Breastfeeding, Chestfeeding, and Lactation

5. In the **preconception period** and **during pregnancy**, talk with your patients about the benefits of infant human milk feeding – especially exclusive breast/chestfeeding or feeding only human milk. Also, talk about initial management of breast/chestfeeding.
6. During the **postpartum** period, talk with your patients about the benefits of infant human milk feeding – especially exclusive breast/chestfeeding or feeding only human milk. Also, talk about initial management of breast/chestfeeding.
7. Encourage parents and families to feed infants **only** human milk for the first six months of an infant's life.
8. Teach lactating parents how to maintain their milk supply even when they are separated from their children.

### Support Families

9. Create and promote collaborative working relationships with local breast/chestfeeding support networks and lactation care professionals. Connect your patients with these and other health and mental health resources as needed.
10. Give comprehensive breast/chestfeeding advice and assistance to expectant and new parents and their families.

## Instructions, Resources, & Support for Practices

### Instructions for Initial Designation

These steps are for practices seeking designation for the first time. Refer to the section below for instructions for redesignation.

- 1. Learn about the designation program and review information about the NYS Ten Steps** and resources to support implementation and policy development included in this handbook. The designation will be awarded to practices that fully implement the NYS Ten Steps, including adopting an office policy that addresses the NYS Ten Steps. DOH will accept one written office policy for multiple practice sites operating under the same health system. Each practice seeking designation must submit individual pre- and post-assessments for each discrete geographic location and submit the current office policy to DOH when submitting the post-assessment.
- 2. To begin the designation process, complete the online registration form:** [Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Registration Form | Survey Builder \(ny.gov\)](#). Prior to completing the form, collect all the information that is required on the form, including the approximate percentage of patients eligible for Medicaid and the approximate number of individual patients seen each year (refer to Table 1 for guidance). If a practice or health system operates multiple sites eligible for designation, each site (i.e., distinct geographic location) must submit registration information and apply for designation. After submitting the registration form, the person listed as the primary contact on the registration form will receive a confirmation email from ‘Survey Builder’ with a copy of the responses submitted. In the following days, the primary contact will also receive a separate email from [promotebreastfeeding@health.ny.gov](mailto:promotebreastfeeding@health.ny.gov) with a Practice Designation ID#. Practices will need to include this ID# on all communications with the DOH about the practice designation process, including pre assessments, post assessments, and policies.

*Table 1. Guidance for completing the online registration form:*

Registration Form Field	Guidance
Practice Name	If applicable, include both the health system name and practice location (Example: Hudson Headwaters Health Network – Champlain Family Health).
9. Approximate percentage of patient population eligible for Medicaid	Suggested Method: Ask the Breast/chestfeeding or Lactation Champion, or the Office Manager to review administrative records.
10. Approximate number of individual patients who are seen each year (patients with multiple visits in a year should only be counted once)	Provide approximate number of patients seen per year at the practice using one of the following definitions.  Pediatric, Family Medicine, FQHC: approximate number of children under the age of one year who are seen at your practice (unique individuals; not number of visits).  OB/GYN & Midwifery: approximate number of pregnant patients (registered or followed in the practice) in a typical year.  Suggested Method: Ask the Breast/chestfeeding or Lactation Champion, or the Office Manager to review administrative records.

- 3. Conduct a pre assessment** of the site level practices compared to the NYS Ten Steps evaluation criteria using the Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment Tool. This tool includes criteria that will be used to evaluate eligibility for the designation award. If a practice or health system operates multiple sites eligible for designation, each site (i.e., distinct geographic location) must submit individual pre- and post- assessments to DOH for review. Submit the pre-assessment results to the DOH team using this digital platform: [Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment Tool | Survey Builder \(ny.gov\)](#).
- 4. Work with your practice team to fully implement the NYS Ten Steps.** Use the results of the pre assessment to develop an action plan to implement the designation evaluation criteria that are not fully implemented. For Step 1, your practice will develop/update your breastfeeding, chestfeeding, and lactation friendly office policy. Please ensure that the final policy illustrates how the policy actually functions in practice. For guidance, refer to the Implementation and Policy Guides provided by DOH.
- 5.** When all the NYS Ten Steps evaluation criteria are met, **conduct a post-assessment** of the site to demonstrate implementation of all NYS Ten Steps. Submit the post-assessment results using this digital platform: [Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment Tool | Survey Builder \(ny.gov\)](#). When submitting a post assessment, upload your practice’s written breastfeeding, chestfeeding, and lactation office policy in the digital platform for DOH to review.
- 6. Address feedback/questions from DOH.** Within 2-4 weeks of submission of a post assessment, the DOH team will review the assessments, evaluate the office policy using criteria included in the Policy Guide, and send feedback/questions to the practice. To earn the designation award, all the items on the post assessment must be marked ‘yes’ (i.e., fully implemented) and practices must address DOH feedback and/or questions regarding the policy.
- 7. Celebrate your designation award!** DOH will send designated practices electronic and mailed copies of the designation award letter and add the practice to the DOH website, [Breastfeeding Friendly Practices by County](#). When your practice has earned the designation award, celebrate your achievement with your practice team and spread the word about your designation status to patients, partners, and your community.
- 8. Sustain the office policy and practice, and plan for redesignation in five years.** Plan to review the office policy and practice annually to sustain implementation of the NYS Ten Steps. Finally, note that designation awards expire after five years. Mark your calendars and at that time refer to the instructions to become redesignated.



## Instructions for Redesignation

The designation award expires after five years. At that time, practices will need to submit a redesignation assessment and updated office policy. The instructions in this section are for practices that have earned a designation award and seek to renew their designation status.

- 1. Review designation program information and materials** to learn about the program and support implementation and policy updates/enhancements.
- 2. To begin the redesignation process, complete the online registration form:** [Breastfeeding, Chestfeeding and Lactation Friendly Practice Designation Registration Form | Survey Builder \(ny.gov\)](#). If a practice or health system operates multiple sites eligible for designation, each site (i.e., distinct geographic location) must submit registration information and apply for redesignation. After submitting the registration form, the person listed as the primary contact on the registration form will receive a confirmation email from 'Survey Builder' with a copy of the responses submitted. In the following days, the primary contact will also receive a separate email from [promotebreastfeeding@health.ny.gov](mailto:promotebreastfeeding@health.ny.gov) with a Practice Designation ID#. Practices will need to include this ID# on all communications with the DOH about the practice redesignation process, including redesignation assessments and policies.
- 3. Assess** the current site level policy and practices to help you identify opportunities to enhance/strengthen the NYS Ten Steps during the redesignation process. Practice staff may use the Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment Tool to determine if all designation evaluation criteria are fully implemented, but the completed assessment does not need to be submitted to DOH at this point during the redesignation process.
- 4. Work with your practice team to update your office policy and implement/enhance the NYS Ten Steps.** Review and update your office policy and implement the designation evaluation criteria that are not fully implemented. Please ensure that the final policy illustrates how the policy functions in practice. For guidance, refer to the Implementation and Policy Guides provided by DOH.
- 5. When all the NYS Ten Steps evaluation criteria are met and the office policy is updated, submit a redesignation assessment** to demonstrate implementation of all NYS Ten Steps. If a practice or health system operates multiple sites eligible for designation, each site (i.e., distinct geographic location) must submit individual redesignation assessments to DOH for review. Submit the redesignation assessment results using this digital platform: [Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment Tool | Survey Builder \(ny.gov\)](#). When submitting a redesignation assessment, upload your practice's updated written breastfeeding, chestfeeding, and lactation office policy in the digital platform for DOH to review.
- 6. Address feedback/questions from DOH.** Within 2-4 weeks of submission of a redesignation assessment, the DOH team will review the assessment, evaluate the office policy using criteria included in the Policy Guide, and will send feedback/questions to the practice. To earn redesignation status, all the items on the redesignation assessment must be marked 'yes' (i.e., fully implemented) and practices must address DOH feedback and/or questions regarding the policy.

7. **Celebrate your redesignation status!** DOH will send redesignated practices electronic and mailed copies of the redesignation award letter and promote the practice on the DOH website, [Breastfeeding Friendly Practices by County](#). When your practice has earned redesignation status, celebrate your achievement with your practice team and spread the word about your designation status to patients, partners, and your community.
8. **Sustain the office policy and practice, and plan for redesignation in five years. Plan to review the office policy and practice annually to sustain implementation of the NYS Ten Steps.** Finally, note that redesignation status expires after five years. Mark your calendars and at that time refer to the instructions to become redesignated and maintain designation status.

## Key Resources

### Assessment Tool

The Designation Assessment tool was developed to assist health care practices in assessing site level practices supportive of breastfeeding, chestfeeding, and lactation. The tool is based on the NYS Ten Steps. This tool includes criteria that will be used to evaluate eligibility for the NYS Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Award. View the [Assessment Tool](#) in the Appendix.

### Implementation Materials

The DOH provides the following guides to assist practices with implementing all the required components of the NYS Ten Steps, health equity strategies, and developing or enhancing an office policy (Step 1).

- **Implementation Guide** – The purpose of the Implementation Guide is to promote staff training to improve breast/chestfeeding knowledge and management skills and provide evidence-based care practices and breast/chestfeeding support in their offices. The Implementation Guide can be used when conducting quality improvement work. View the [Implementation Guide](#).
- **Policy Guide** – The first step of NYS Ten Steps is to develop and submit a breast/chestfeeding policy for approval by DOH. To earn the NYS Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Award, the office policy must address all required components of the NYS Ten Steps. The purpose of the Policy Guide is to provide guidance to prospective and current designated practices on developing, updating, and submitting a breast/chestfeeding and lactation friendly office policy that meets DOH standards for designation. View the [Policy Guide](#).
- **Health Equity Guide** – Health care practices seeking designation must address health equity as they implement the NYS Ten Steps. Practices will be evaluated on whether and how they promote health equity in their office policy, staff training, office environment, and/or community supports (see questions 10 and 30 on the Assessment Tool). This section provides optional health equity recommendations, strategies, and supporting resources for health care practices to consider for the office policy, staff training, office environment, and/or community supports. View the [Health Equity Guide](#).

## Support for Practices

The NY SPAN Program partners with local organizations to provide support to health care practices in priority communities to achieve designation. Support available to practices may include assistance with completing the practice assessment tool; and provision of training, technical assistance, resources, or supplies to support implementation of the NYS Ten Steps.

### Breastfeeding, Chestfeeding, and Lactation Friendly New York, 2023-2028

The DOH's [Breastfeeding, Chestfeeding, and Lactation Friendly New York \(BFFNY\)](#) program aims to increase local capacity, especially in low income and racially/ethnically diverse communities, to improve the continuity of care and support for breast/chestfeeding and human milk feeding, and to ultimately reduce breast/chestfeeding disparities. The program also aims to be inclusive of all parents, including LGBTQ+ individuals, and of all lactation methods. This is a five-year initiative that began July 1, 2023.

**BFFNY grantees can help practices in priority communities earn designation.** Grantees can help practices assess the breastfeeding, chestfeeding, and lactation friendly environment and provide training and technical assistance to practices and assistance to adopt policies, implement the Ten Steps, and earn designation. BFFNY grantees may also support practices pursuing redesignation when their designation expires after five years.

To find a BFFNY grantee working in your area and the list of BFFNY priority communities, visit the [BFFNY program website](#).

### **Creating Breastfeeding Friendly Communities, 2017-2023, Results**

From 2017-2023, the DOH funded six Creating Breastfeeding Friendly Communities (CBFC) grantees to recruit, assess, provide training and technical assistance, and assist practices to adopt policies, implement the NYS Ten Steps, and earn designation. As a result of the project, **CBFC grantees helped 48 practices across NYS earn designation benefitting 17,952 patients.** For more information about the project and project results, visit the [CBFC program website](#).

## Implementation Guide

The purpose of the Implementation Guide is to promote staff training to improve breast/chestfeeding knowledge and management skills and provide evidence-based care practices and breast/chestfeeding support in their offices. The Implementation Guide can be used when conducting quality improvement work.

The Implementation Guidance section is divided into ten sections, one for each of the NYS Ten Steps, and each section contains:

### Required Practices

The Required Practices must be fully implemented by a health care practice to earn the NYS Breastfeeding, Chestfeeding and Lactation Friendly designation. These align with the NYS Ten Steps evaluation criteria on the NYS Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment Tool.

### Implementation Strategies

Improvement strategies, recognized by expert groups and government entities, can guide efforts to improve practice environments, systems, and practices to better support parents and families to exclusively breast/chestfeed their infants during the first six months. Practices are not required to implement all these suggested strategies, but these strategies can assist the practice to fully implement each of the NYS Ten Steps to a Breastfeeding, Chestfeeding and Lactation Friendly Practice.

### Resources

Included resources are suggested materials for health care practices to use as support while implementing the required practices and implementation strategies.

[Implementation Guide References](#) for all sections are included in the Appendix.

- 1. Develop, implement, and maintain a written breastfeeding, chestfeeding, and lactation friendly office policy.**

#### Required Practices:

- a. Develop and put into practice a breastfeeding, chestfeeding, and lactation friendly office policy.**

#### Implementation Strategies:

- Collaborate with colleagues and office staff during the development of the policy. (ABM #14)
- Inform all new staff about the policy during formal orientation and incorporate a copy in new staff orientation packets. (ABM #14, Levitt, Shariff)

- Provide copies of your policy to all hospitals in your community with which your practice is affiliated -- and with any physicians who provide coverage. (AAP Meek 2017, ABM #14)
- Make sure all patients know the principles of your breast/chestfeeding policy and provide a copy if patients wish to read your policy. (UNICEF UK BFI)
- Become a member of your local breast/chestfeeding task force, committee, or coalition to help support breast/chestfeeding friendly care. Also, encourage the hospital or birthing center to become designated as Baby-Friendly USA. (AAP Meek 2017)
- Provide leadership that consistently supports every new parent's informed decision to breast/chestfeed their baby. (ACOG 2016)
- Advocate for breast/chestfeeding and recommended immunization as preventive health strategies. (AAP Ten Steps 2014)
- Track breast/chestfeeding initiation and duration of exclusive or any breast/chestfeeding initiation stratified by race/ethnicity at the practice level. Monitor trends to inform improvement efforts and reduce breast/chestfeeding disparities.
- Compare your practice data with state and national breast/chestfeeding rates and the Healthy People 2030 breastfeeding objectives. (AAP Meek 2017, ABM #19, AAP Ten Steps 2014)

**Strategies from the Continuity of Care in Breastfeeding Support: A Blueprint for Communities:**

- Strategy 2.1
- Strategy 2.2
- Strategy 2.4
- Strategy 4.1
- Strategy 4.2
- Strategy 4.5

**Resources:**

Refer to the [Policy Guide](#).

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**2. Train all staff to promote, support, and protect breastfeeding, chestfeeding and lactation.**

**Required Practices:**

- a. Train all staff on an ongoing basis in the skills necessary to implement and maintain a breast/chestfeeding friendly office policy.**
- b. Educate all office staff on all aspects of providing breast/chestfeeding support upon hire and at least annually.**

**c. Designate a lactation champion(s) in your office and describe the job responsibilities of the champion(s).**

**Implementation Strategies:**

- Employ International Board-Certified Lactation Consultants (IBCLC) or other health care professional(s), i.e., nurse, nurse practitioner or dietitian who are trained and experienced in providing breast/chestfeeding education and management, lactation counseling; and/or support current staff to complete a lactation certification program such as the Certified Lactation Counselor (CLC) or to become an IBCLC. (AAP Meek 2017, ABM #19, Dumphy)
- Provide continuing educational opportunities for staff to attend in-service education, skill labs, conferences, and/or web-based training focusing on the benefits of breast/chestfeeding, risks of not breast/chestfeeding, physiology of lactation, latch techniques, management of common breast/chestfeeding problems, and medical contraindications to breast/chestfeeding. (AAP Ten Steps 2014, ABM #14, Surgeon General, Action 9)
- Make commercial-free educational resources available to health care professionals for quick reference (books, articles, protocols, etc.). (ABM #14, Geraghty)
- Invite medical students and residents to rotate through your practice as part of their training to gain experience in providing breast/chestfeeding promotion, education and support, and lactation management. (ABM #14)

**Strategies from the Continuity of Care in Breastfeeding Support: A Blueprint for Communities:**

- Strategy 2.5
- Strategy 2.6
- Strategy 5.1
- Strategy 5.5

**Resources:**

- **ABCs for Lactation Professionals**
  - [ABCs for Professionals](#)
  - A training resource for lactation professionals, doctors, nurses, midwives, and doulas. A series of free videos provide information on current science and strategies to help new mothers.
- **Lactation Support Provider (LSP) Descriptors**
  - Lactation Support Provider (LSP) [Descriptors](#)
  - A chart outlining categories of lactation support providers as well as the training, credentials, and programs associated with each.
- **Training Directory**
  - [Lactation Support Provider Training Directory](#)

- A directory of national organizations offering lactation support training online and in-person nationwide.
- **University at Albany School of Public Health Webinar Series**
  - [Supporting and Promoting Breastfeeding, Chestfeeding and Lactation in Health Care Settings | University at Albany](#)
  - A series of presentations on promoting breastfeeding in prenatal, hospital, and postpartum health care settings. Free continuing education credits available.
- **Breastfeeding Grand Rounds**
  - [Breastfeeding Grand Rounds](#)
  - Webcasts that feature clinical experts paired with public health experts to provide education on current breastfeeding health issues with both clinical and public health significance. Free continuing education credits available.
- **NACCHO Every Step of the Way Through the 1,000 Days: Continuity of Care in Breastfeeding Support Blueprint Webcast Series**
  - 
  - A series that aims to identify public health solutions and promote equity in breastfeeding rates and access to care. All webinars feature local breastfeeding project presentations. Free continuing education credits available.

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**3. Stop routinely distributing infant human milk substitutes. Also, remove formula marketing materials and gift packs from your office.**

**Required Practices:**

- a. **Stop distributing marketing materials and/or gift packs that include infant human milk substitutes, bottles, nipples, pacifiers, or coupons, or any such items to all pregnant patients, new parents, and their families.**
- b. **Stop distributing infant human milk substitutes to all pregnant people and new parents who have chosen to breast/chestfeed unless deemed medically necessary.**
- c. **Any formula maintained by the practice must be stored out of patients' view.**
- d. **An inventory tracking system must be established and maintained by your office to monitor expiration dates and lot numbers in case of product recalls.**

**Implementation Strategies:**

- Purchase infant formula at fair market value if your practice elects to maintain a supply. (AAP Meek 2014)

- Do not accept support from industry-sponsored companies for professional meetings at your practice. (BFHI, WHO Code)
- Restrict contact between marketing representatives from industry-sponsored companies and expectant and new parents and families. (WHO Code)

**Strategies from the Continuity of Care in Breastfeeding Support: A Blueprint for Communities:**

- Strategy 2.3

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**4. Create a breastfeeding, chestfeeding, and lactation friendly office environment.**

**Required Practices:**

- a. Display posters and pamphlets in your waiting room and patient areas with images of breast/chestfeeding infants and families. Ensure pictures or photographs are reflective of the population serviced.**
- b. Display signs encouraging parents to breast/chestfeed in your office.**
- c. Do not display images of infants bottle feeding.**
- d. Remove any items which refer to proprietary products(s) or bear product logos from the office, including memo pads, posters, pens, cups, measuring tapes, educational materials, staff lanyards, name badges, clipboard, etc.**

**Implementation Strategies:**

- Communicate and provide patient educational resources on infant feeding and care in the patient's native language, whenever possible. (ABM #19)
- Assess the literacy level of your patients and provide posters, artwork, and educational resources with pictures at this literacy level. (AAP Meek 2017, ABM #19)
- Provide linguistic support by hiring multilingual staff to match the patient population and/or use trained interpreters for in-office or telephone conversations. (Feldman-Winter 2013)
- Create a lactation room for staff and employees to express chest/breast milk, or breast/chestfeed, and furnish with a comfortable chair, nursing pillow, and breast/chestfeeding supplies. (AAP Meek 2017, ABM #14, Geraghty)
- Advertise in your community that your practice is designated as breast/chestfeeding friendly. (Geraghty)



**Strategies from the Continuity of Care in Breastfeeding Support: A Blueprint for Communities:**

- Strategy 2.7

**Resources:**

- **Breastfeeding Monthly observances**
  - [Monthly Observances & Breastfeeding Resources](#)
  - A series of webpages to gather and disseminate breastfeeding news and resources related to monthly observances in the U.S. such as Black History Month, Asian American Pacific Islander Heritage Month and LBTQIA+ Pride Month
- **Free image libraries like the Centers for Disease Control and Prevention (CDC) State and Community Health Media Center and the United States Breastfeeding Committee Landscape of Breastfeeding Support Image Gallery**
  - [State and Community Health Media Center](#)
  - [“Landscape of Breastfeeding Support” Image Gallery](#)
- **Collaborate with local artists and photographers to find photos that are reflective of the community served.**

- 
- 5. During the prenatal period, talk with your patients about the benefits of infant human milk feeding – especially exclusive breast/chestfeeding or feeding only human milk. Also, talk about initial management of breast/chestfeeding.**

**Required Practices:**

- a. Help pregnant people create a birth plan that includes breast/chestfeeding, skin-to-skin contact and rooming-in preferences to share with hospital staff at admission.**

**Implementation Strategies:**

- Help expectant parents to learn about the importance of breast/chestfeeding for their babies and themselves by providing accurate and complete information on infant feeding as part of routine prenatal care. (Call to Action 1)
- Use motivational interviewing techniques or other counseling strategies to engage expectant parents in breast/chestfeeding conversations at every prenatal visit. Open-ended questions such as, “What have you heard about breast/chestfeeding?” or, “What are your thoughts about feeding your baby?” (AAP Meek 2017, ABM #14)

## NYS Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Program Handbook

- Discuss timely breast/chestfeeding and skin-to-skin contact at early prenatal visits in the event of a cesarean delivery or premature birth. (ABM #17 & #19, BFHI)
- Strongly encourage all parents to attend structured, comprehensive prenatal breast/chestfeeding classes, group discussions and one-on-one counseling sessions. (AAP Ten Steps 2014, ABM #14 & #19)
- Encourage other support persons who will provide child care to attend breast/chestfeeding classes. (AAP Ten Steps 2014, ABM #14 & #19)
- Provide coordinated care with other relevant providers such as pediatric providers, hospital maternity staff, social workers, breast/chestfeeding consultants, etc. (AAP Meek 2017, ABM #7, ACOG 2016)
- As a pediatrician, offer get-acquainted appointments to expectant parents and families to share your commitment to breast/chestfeeding and maternity care practices that support breast/chestfeeding. (AAP Ten Steps 2014, ABM #14)
- Consider an in-office visit with a lactation consultant as part of the breast/chestfeeding education process or make a referral to a lactation consultant, especially if there were risks identified which may affect breast/chestfeeding success. (ABM #19)
- Provide early support for patients with a high Body Mass Index (BMI) or other risk factors for delayed onset of lactation or early cessation or refer to breast/chestfeeding experts during pregnancy. (Feldman-Winter 2013, Sriraman)
- Discuss contraception options and risks of unplanned pregnancy while breast/chestfeeding after delivery. (ACOG 2016, DeFrancesco)
- Provide parents with a list of Internet resources and text-messaging applications (apps) which are up-to-date, factual, and not sponsored by infant formula manufacturers. (ABM #19)
- Learn about patients' family and cultural values, beliefs, and traditions which are associated with birth and lactation practices in order to better facilitate optimal breast/chestfeeding while being respectful of their beliefs. (AAP Ten Steps 2014, ABM #19, BFHI)
- Work with other maternity care providers in the community to advocate and support the *Ten Steps to Successful Breast/chestfeeding*. (AAP Ten Steps 2014)
- Encourage expectant parents to visit a breast/chestfeeding support group prior to delivery. (ABM #19)
- Encourage all potentially income-eligible patients to enroll prenatally in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Recommend peer support in combination with skilled professional support during pregnancy, as part of in-hospital care, and postnatally. Establish a relationship and link income-eligible expectant parents and their families with peer counselors working in the local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). (ABM #2, Feldman-Winter 2013)

- Encourage engagement of doulas to participate in the labor and delivery process and postpartum care. (ABM #7 & #19, Feldman-Winter 2013)

### Strategies from the Continuity of Care in Breastfeeding Support: A Blueprint for Communities:

- Strategy 3.1

### Resources:

- **UNC Ready Set Baby**
  - [UNC Ready, Set, BABY](#)
  - An educational program designed to counsel prenatal families about maternity care best practices and the benefits and management of lactation, incorporating other important information to help parents achieve their goals.

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- 6. During the postpartum period, talk with your patients about the benefits of infant human milk feeding – especially exclusive breast/chestfeeding or feeding only human milk. Also, talk about initial management of breast/chestfeeding.**

#### Required Practices:

- a. Schedule a first follow-up visit 48-72 hours after hospital discharge to assess breast/chestfeeding status and current infant feeding plan.**
- b. Have a system in place to automatically prescribe vitamin D to breast/chestfeeding infants per the AAP protocol.**

### Implementation Strategies:

- Work with hospital staff who assess breast/chestfeeding to identify ineffective latching/feeding issues. The goal is to ensure maintenance of lactation by teaching hand expression and breast pump use prior to discharge home. Also work with these staff members to schedule a follow-up assessment within 24 hours with the primary care provider and/or lactation consultant. Support the delay of discharge for additional breast/chestfeeding assistance and education depending on the clinical situation of the dyad. (ABM #5 & #7, Lewallen)
- Support the use of parent's own human milk for all infants including preterm infants. If the parent's milk is not available in sufficient quantities, support the use of pasteurized donor human milk (PDHM) where available and feasible. (AAP 2012, NY Social Services Law)
- Observe breast/chestfeeding sessions as part of routine care at the initial visit and subsequent visits, especially if breast/chestfeeding issues have been identified. (AAP Meek 2017, AAP Ten Steps 2014, AAP 2012, ABM #14)

- Use motivational interviewing techniques or other counseling strategies to engage parents in breast/chestfeeding conversations at every infant/postpartum visit. Use open-ended questions such as:
  - How is breast/chestfeeding going?
  - What questions or concerns do you have about breast/chestfeeding?
  - How does your infant let you know when she/he is hungry?
  - How does your infant behave during and after feedings? (AAP Meek 2017, AAP Bright Futures 2008, ABM #14)
- Provide racially-/ethnically-/culturally responsive, commercial-free educational materials to parents and families. These materials should address topics such as infant growth expectations, normal feeding, elimination, and sleep patterns for breast/chestfeeding infants, postpartum depression, parental medication use, and breast/chestfeeding during infant and/or parental illness. (AAP Meek 2017, ABM #14)
- Provide early follow-up care for breast/chestfeeding parents with risk factors for early breast/chestfeeding cessation to help parents meet their breast/chestfeeding goals. Examples of risk factors include, a high Body Mass Index (BMI), anatomical, or physical mobility issues. (Sriraman)
- Counsel parents about contraindications to drug, marijuana and/or alcohol use while breast/chestfeeding and make referrals, as appropriate. (AAP Ten Steps 2014, ACOG)
- Counsel on adequate fluid intake and diet while breast/chestfeeding or make referrals for nutrition counseling with registered dietitians/nutritionists or other professionals, as appropriate. (AAP Ten Steps 2014, AAP Bright Futures 2008)
- Discuss contraception options and the risks of unplanned pregnancy while breast/chestfeeding. (ACOG 2013 & 2016, DeFrancesco)
- Recommend peer breast/chestfeeding support in combination with skilled professional lactation support during pregnancy, as part of in-hospital care. Recommend the same postnatally by establishing a relationship with and linking breast/chestfeeding parents and their families to peer counselors working in the local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or La Leche League. (ABM #2, Feldman-Winter 2013)
- Evaluate breast/chestfeeding dyads early to determine the effectiveness of breast/chestfeeding through both a physical exam and functional assessment. Identify any structural problems such as ankyloglossia (tongue-tie) to determine the need for a referral for further evaluation for a frenectomy or frenotomy procedure. (AAP Meek 2017, Sriraman)
- Provide coordinated care with other relevant providers such as obstetric providers, hospital maternity staff, social workers, breast/chestfeeding specialists, etc. (AAP Meek 2017, ABM #7, ACOG 2016)

- Discuss ways to overcome negative societal pressures related to breast/chestfeeding. Inform parents of laws protecting the right to breast/chestfeed, including the [New York Civil Rights Law 79-e](#) supporting the right to breast/chestfeed in any public or private location where they are authorized to be, irrespective of whether or not the nipple of the breast is covered during, or incidental to, the breast feeding. (AAP Ten Steps 2014, NY Civil Rights Law).
- Discuss the [New York State Labor Law 206-c](#) with breast/chestfeeding parents who are planning or returning to work. (AAP Ten Steps 2014, ABM #14, NY Labor Law)

**Strategies from the Continuity of Care in Breastfeeding Support: A Blueprint for Communities:**

- Strategy 2.9
- Strategy 3.1

**Resources:**

- **Medicaid Perinatal Care Standards**
  - [Medicaid Perinatal Care Standards-Breastfeeding/Chestfeeding](#)
  - New York State and federal laws that protect breast/chestfeeding in public places and maternity care facilities, provide the rights to express milk in the workplace, the availability, indications and use of breast pumps, and safe storage of human milk.

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**7. Encourage parents and families to feed infants only human milk for the first six months of an infant's life.**

**Required Practices:**

- a. **Encourage exclusive breast/chestfeeding for the first six months of life, with continued breast/chestfeeding as long as mutually desired by the breast/chestfeeding dyad.**

**Implementation Strategies:**

- Ask questions and discuss with parents and families:
  - How is breast/chestfeeding going?
  - How often does your baby want to eat?
  - How does your baby behave during and after feedings?
  - How does your baby let you know when she/he is hungry?
  - What is the longest time your baby has slept at one time?
  - How many wet diapers and stools per day does your baby have? (AAP Meek 2017, AAP Bright Futures 2008, ABM #14)
- Congratulate all breast/chestfeeding people at every office visit on their decision to start and continue breast/chestfeeding. Also discuss how long they plan on breast/chestfeeding at every office visit. (AAP Ten Steps 2014, ABM #14, Geraghty)

- Discuss breast/chestfeeding and/or provision of expressed human milk during the first year and beyond. Discuss delaying the introduction of solid foods to approximately 6 months of age, when the infant shows signs of readiness. Discuss earlier introduction of certain foods if the infant is at high risk of developing a peanut allergy. (AAP Meek 2017, AAP Ten Steps 2014)
- Discuss alternative feeding methods such as using a cup, dropper, syringe, or spoon when supplementation is needed. (ABM #7)
- Educate on normal stool and urine patterns and oral hygiene methods for breastfed infants. (AAP Ten Steps 2014)
- Educate on normal feeding patterns for the older breastfed infant or toddler. (AAP Ten Steps 2014)
- Make sure all staff are aware and can inform parents and their families of the appropriate age to introduce complementary foods and drinks, and the health benefits associated with a longer duration of breast/chestfeeding or human milk feeding. (UNICEF UK BFI)

**Resources:**

- **Health Eating Research**
  - <https://healthydrinkshealthykids.org/parents/>
  - Resources to help parents and caregivers learn about the healthiest beverages for kids of different ages.

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**8. Teach lactating parents how to maintain their milk supply even when they are separated from their children.**

**Required Practices:**

- a. **Be knowledgeable about hand expression, the use of breast/chest pumps, and when and how to prescribe them.**
- b. **Know when and how to refer breast/chestfeeding people to an International Board-Certified Lactation Consultant (IBCLC) when there are lactation difficulties.**

**Implementation Strategies:**

- Ensure hospital staff have taught breast/chestfeeding parents how to hand express and proper storage and labeling of human milk. If prescribing an electric breast pump, ensure parents have been taught how to use and assemble the breast pump. If there are gaps in teaching, practice staff should provide this education. (ABM #2 & #7)

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- Assist parents and families who have infants with certain medical complications by allowing them to remain in the hospital with 24-hour rooming-in to support exclusive breast/chestfeeding. (ABM #2)
- Encourage breast/chestfeeding parents who have been discharged to express human milk at home and bring it to the hospital for infant feeding. Maintain storage facilities for expressed milk. (Hannula)
- Make referrals to home-visiting programs, as appropriate, to help provide lactation support. (AAP Meek 2017)
- Ensure your office provides support and accommodations for breast/chestfeeding staff. (Levitt, Shariff)
- Inform parents and families about the NY Labor Law 206-c and assist them in planning with their employer to pump milk once they return to work. (ABM #14, BMBR, CDC Guide Strategy 5, NY Labor Law)
- Work with local employers to support the NY Labor Law 206-c. (ABM #14, AAP Ten Steps 2014, NY Labor Law)
- Work with local child care center and day care home providers to support breast/chestfeeding and expressing human milk at these locations. (ABM #14; NYS Breast/Chestfeeding Friendly Child Care)
- Be familiar with and use diagnostic codes to bill health insurance plans for reimbursement of breast/chestfeeding counseling visits. (AAP Meek 2017)

### Resources:

- **NYS Labor Law Breast Milk Expression in the Workplace**
  - [NYS Department of Labor- Breast Milk Expression in the Workplace](#)
  - Rights of Employees to Express Breast Milk in the Workplace
- **Pumping at Work: How Medical Professionals Can Support Breastfeeding Patients**
  - [WorkLife Law: How Medical Professionals Can Support Breastfeeding Patients](#)
  - A guide to support patients in continuing to breastfeed after returning to the workplace by helping them get what they need to express or “pump” breast milk during the workday.
- **2023 Breastfeeding Grand Rounds: Role of Legislation in Supporting Pregnant and Breastfeeding Employees in the Workplace**
  - [Role of Legislation in Supporting Pregnant and Breastfeeding Employees in the Workplace](#)
  - A webcast aimed to increase and enhance knowledge and competence on the requirements and strategies for implementing the NYS Nursing Employees in the Workplace Act and the federal PUMP Act.

- 9. Create and promote collaborative working relationships with the local breast/chestfeeding support network and lactation care professionals. Connect your patients with these and other health and mental health resources as needed.**

**Required Practices:**

- a. **Maintain a list of community resources for breast/chestfeeding parents, including local WIC agencies, La Leche League, local lactation support groups, and baby cafés/drop-in centers.**
- b. **Engage and develop working relationships with diverse lactation specialists that are reflective of their community and make referrals as needed.**

**Implementation Strategies:**

- Know the demographics of your patient population and make referrals to programs serving patients living in underserved areas. (ABM #19)
- Understand the background, race, ethnicity, and culture of patients and their families and the neighborhoods/communities where they live which may affect their perception of breast/chestfeeding initiation, exclusivity, and duration. (ABM #19)
- Identify and share community resources that are racially/ethnically/culturally sensitive to their needs. (BFHI)
- Identify resources for parents with late preterm or early-term infants to address the special needs of this population. (Eidelman)
- Make sure all staff are aware and can inform parents of local support resources and access to help outside of office hours. (UNICEF UK BFI)
- Maintain an updated list of local pharmacies and medical equipment distributors who provide or rent electric chest/breast pumps and accept Medicaid or other common types of insurance. Get feedback about their customer service. (Geraghty)
- Meet with breast/chestfeeding medicine specialists or lactation consultants or counselors who serve parents and families in the community, learn their background, experience and training, and certifications (e.g., IBCLC, CLC, etc.). Determine what working relationships can be developed and fostered to provide breast/chestfeeding timely assistance and support for patients. (AAP Ten Steps 2014, ABM #14)
- Refer expectant and new parents and their families to local Supplemental Nutrition Program for Women, Infants and Children (WIC). (AAP Ten Steps 2014, ABM #19)



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- Recommend peer support, along with skilled professional support during pregnancy, as part of in-hospital care, and postnatally. Achieve this by establishing a relationship with peer counselors working in local WIC. Also link expectant, new parents, and their families with these counselors. (ABM #2, Feldman-Winter 2013)
- Refer breast/chestfeeding parents and families to knowledgeable peer support programs in the community for social support, such as La Leche League or another peer counselor program, if available. (Dennis)
- Establish in-kind peer support groups or provide financial support to community lactation support groups -- especially for expectant and new parents and families who are not eligible for the WIC Program. (AAP Ten Steps 2014, CDC Guide, Strategy 4)
- Network with local health departments to support their development and the training of their staff. Implement breast/chestfeeding friendly employee policies and community-based programs and services, (Reis-Reilly)
- Connect with local child care centers and day care homes to discuss supporting breast/chestfeeding and the handling, storage, and feeding of expressed human milk while the infant is in their care. (AAP Meek 2017, Feldman-Winter 2013)
- Work with employers in the community to enforce the NY Labor Law 206-c for breast/chestfeeding employees. (AAP Ten Steps 2014, ABM #14, NY Labor Law)
- Work with hospitals in your community to become designated as a Baby-Friendly USA Hospital to ensure patients receive evidence-based maternity practices which are supportive of breast/chestfeeding. (AAP BF Meek 2017, BFHI, Levitt, Shariff)

### **Strategies from the Continuity of Care in Breastfeeding Support: A Blueprint for Communities:**

- Strategy 3.1
- Strategy 3.2
- Strategy 3.3
- Strategy 3.4
- Strategy 3.5
- Strategy 3.6
- Strategy 3.7

### **Resources:**

- [Clinton County Chest/Breastfeeding Process Map](#)
- [Clinton County Chest/Breastfeeding Resources – Lactation Referral Guide](#)

**10. Give comprehensive breast/chestfeeding advice and assistance to expectant and new parents and their families.**

**Required Practices:**

- a. **Develop and implement an office protocol to promptly address breast/chestfeeding problems and concerns to assist breast/chestfeeding people at home. Examples include establishing a triage system to prioritize breast/chestfeeding problems, pairing breast/chestfeeding parents with peer counselors, or ensuring timely referrals to professional lactation counseling, either in the office or at a home visit.**

**Implementation Strategies:**

- Hire lactation consultant(s) to work along with other trained triage office staff. Direct them to answer time-sensitive calls from breast/chestfeeding parents. (Geraghty)
- Consider scheduling frequent follow-up calls to find out how breast/chestfeeding is going during the first weeks postpartum. This is especially important with low-income parents. (Pugh)
- Conduct follow-up phone calls after parent’s concerns were addressed at in-office visits or during response calls. Find out if breast/chestfeeding issues were resolved. (ABM #14)
- Set up an in-office consultation with a lactation specialist, as part of regular postpartum follow-up care, or make a referral to a lactation consultant. This is especially important if risks were identified which may affect breast/chestfeeding success. (ABM #19)
- Identify staff who have breast/chestfeeding knowledge, skills, and experience to address issues and concerns via telephone calls in the office. (Geraghty)
- Make sure all staff are aware of, and can inform parents and families about, local support resources and access to help outside of office hours. (UNICEF UK BFI)
- Provide adequate community resources and referral guidelines to all triage staff. (AAP Ten Steps 2014, ABM #14)
- Provide linguistic support by hiring multilingual staff to match the patient population and/or use trained interpreters for in-office or telephone conversations. (Feldman-Winter 2013)

**Strategies from the Continuity of Care in Breastfeeding Support: A Blueprint for Communities:**

Strategy 3.8

**Resources:**

- [Clinton County Chest/Breastfeeding Process Map](#)
- [Clinton County Chest/Breastfeeding Resources – Lactation Referral Guide](#)

## Policy Guide

The first step of NYS Ten Steps is to develop and submit a breast/chestfeeding policy for approval by DOH. To earn the NYS Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Award, the office policy must address all required components of the NYS Ten Steps. The purpose of the Policy Guide is to provide guidance to prospective and current designated practices on developing, updating, and submitting a breast/chestfeeding and lactation friendly office policy that meets DOH standards for designation.

This guide includes two sections:

1. Tips for Writing a Strong Policy
2. Required Policy Components and Examples of Acceptable and Unacceptable Language

A complete [sample office policy](#) and [office policy template](#) are included in the Appendix.

### Tips for Writing a Strong Policy

#### 1. Structure the policy and make it enforceable

A policy should state what it is, why it exists, who it affects, what the rules are, and when it applies. To make it clear why the policy is important, include a section at the beginning that explains its purpose. Don't put the rules, exceptions, or exclusions in the purpose section – these should be in the procedure/details section.

#### 2. Use plain language

Policies should be crystal clear from the get-go. Using unnecessary complex words, abbreviations, or jargon can lead to confusion, misinterpretation, and mistakes. Keep it simple. Using plain language makes it easier for everyone to read and understand, no matter their level of education.

#### 3. Be broad but clear and concise

The goal of a policy is to share important information in a simple and brief way. Policies cannot be applied to every situation, so they should be written broadly but clearly enough to be applied in different situations. Policies also do not need to be long. Long policies can be hard to understand and use. Avoid using complicated terms and repeating words. Remember, less is more.

#### 4. Pay attention to punctuation

Using commas and periods incorrectly can make writing hard to understand, even if the words are correct. To make policies easier to read, use the Oxford comma. If an item in a series already has a comma, use a semicolon to separate the items.

Without Oxford Comma	With Oxford Comma - RECOMMENDED
The office will not accept nor distribute formula samples, coupons or products.	The office will not accept nor distribute formula samples, coupons, or products.

### 5. Use gender-inclusive language

Using gender inclusive language is important to encompass all individuals, especially those who are trans or non-binary.” The term chestfeeding or bodyfeeding can be used alongside breastfeeding to be more inclusive. Nonbinary or trans people may not align with the term breastfeeding because of their gender or may have a dysphoric relationship to their anatomy. Chestfeeding will not replace the word breastfeeding, but it should be included as an option when discussing lactation. When writing a policy, use gender neutral and sensitive language and avoid using gendered nouns and pronouns. The table below provides examples of gender-inclusive language to consider when writing your breastfeeding, chestfeeding, and lactation friendly office policy. More information about preferred terms for select population groups and communities, see the CDC Inclusive Communication Principles Preferred Terms at [https://www.cdc.gov/healthcommunication/Preferred\\_Terms.html](https://www.cdc.gov/healthcommunication/Preferred_Terms.html).

<b>Avoid</b>	<b>Use Instead</b>
mother, father	parent, patient, individual, folk
breast, breastfeeding	breast/chest, breast/chestfeeding, breastfeeding/chestfeeding <a href="https://www.nih.gov/nih-style-guide/sex-gender-sexuality">https://www.nih.gov/nih-style-guide/sex-gender-sexuality</a> <a href="https://www.nih.gov/nih-style-guide/sex-gender-sexuality">https://www.nih.gov/nih-style-guide/sex-gender-sexuality</a>
breastmilk	human milk
she/her/hers	they/their/them
he/his/him	they/their/them

### 6. Use action words

Use words like *shall*, *must*, or *will*, to indicate requirements, such as “All staff *must* complete the trainings.” Be careful using words like *may* or *should*. These words imply that something is optional or recommended, which could result in inconsistent outcomes.

### 7. Use bulleted lists

Bullet points make it easy to see important information and requirements. They help readers quickly find what they need and understand it better.

### References

Policy Manual. Policy writing guidance. Policy Manual. June 12, 2023. Accessed October 17, 2023. <https://www.boisestate.edu/policy/policy-writing-guidance/>.

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Guidance for writing policy. University Policies and Standards. September 19, 2023. Accessed October 17, 2023. <https://policy.oregonstate.edu/resources/guidance-writing-policy>.

5 tips for writing better policy. UW–Madison Policy Library. May 31, 2022. Accessed October 17, 2023. <https://development.policy.wisc.edu/2022/05/17/5-tips-for-writing-better-policy/>.

**Required Policy Components and Examples of Acceptable and Unacceptable Language**

To achieve designation, the office policy must address all the DOH required components of NYS Ten Steps. The table below lists the required components of an office policy and model policy language for each component. These are the criteria that will be used to evaluate eligibility for the NYS Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Award.

The left-hand column of the table lists the NYS Ten Steps. The middle column lists the required policy components of each the NYS Ten Steps that need to be addressed in the office policy. The right-hand column provides examples of acceptable policy language for the Designation Award. Policy language is acceptable when all the required components are clearly addressed. Policy language that is vague or does not address the required contents is unacceptable. This table can be used as a checklist to ensure that your office policy meets DOH standards for the designation award.

NYS Ten Steps	Required Policy Components	Sample Acceptable and Unacceptable Policy Language
Step 1: Develop, implement, and maintain a written breastfeeding, chestfeeding, and lactation friendly office policy.	<p><b>a.</b> Develop and put in place a breastfeeding, chestfeeding, and lactation friendly office policy. Include the date when the policy was initially adopted and how often it will be reviewed. Submit your office’s written breastfeeding, chestfeeding, and lactation policy to <a href="mailto:promotebreastfeeding@health.ny.gov">promotebreastfeeding@health.ny.gov</a>.</p>	<p><b>Acceptable Policy Language</b></p> <p><b>a.</b> Policy Date of Origin: November 20, 2023. The policy will be reviewed and revised at least annually and as needed.</p> <hr/> <p><b>Unacceptable Policy Language</b></p> <p><i>How often the policy will be reviewed and revised is not mentioned.</i></p>
Step 2: Train all staff to promote, support, and protect breastfeeding, chestfeeding, and lactation.	<p><b>a.</b> Establish a designated lactation champion in your office and fully describes their job responsibilities and, if applicable, required or preferred credentials. There can be more than one assigned lactation champion if desired.</p> <p><b>b.</b> Train all office staff on the overview, implementation, and maintenance of the breastfeeding, chestfeeding, and lactation</p>	<p><b>Acceptable Policy Language</b></p> <p><b>a.</b> The lactation champion must be a Licensed Practical Nurse or Registered Nurse. Preferred (but not required) qualifications include lactation education, training, experience, and certification (IBCLC or Certified Lactation Counselor). The lactation champion’s responsibilities include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Reviewing and updating the Breastfeeding, Chestfeeding, and Lactation Friendly Office Policy, using current evidence-based research and communicate with all practice staff at least annually and upon revision.</li> </ul>

	<p>friendly office policy upon hire and at least annually.</p> <p><b>c.</b> Educate all office staff on promoting, protecting, and supporting breast/chestfeeding upon hire and at least annually with at least one example of anticipated educational topics.</p>	<ul style="list-style-type: none"> <li>• Training and recording all staff training on the Breastfeeding, Chestfeeding, and Lactation Friendly Office policy and promoting, protecting, and supporting breast/chestfeeding.</li> </ul> <p><b>b.</b> All office staff must be trained on the Breastfeeding, Chestfeeding and Lactation Friendly Office Policy upon hire and at least annually.</p> <p><b>c.</b> All office staff must also receive education on promoting, protecting, and supporting breast/chestfeeding. Educational topics will include but are not limited to, overview of federal and state laws that protect, promote, and support expressing milk in the workplace (i.e., The Pump Act, The Pregnant Workers Fairness Act, NYS Labor Law 206-c), and patient centered breastfeeding, chestfeeding, and lactation care to promote health equity and reduce breast/chestfeeding disparities. In addition to this education, all clinical staff, including physicians, nurses, dietitians, and other licensed healthcare workers, must complete at least two hours of lactation management continuing education at least once a year. Educational topics for clinical staff will include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Lactation issues</li> <li>• Infant hunger cues</li> <li>• Expressing milk by hand and milk supply</li> <li>• Postnatal practices</li> <li>• Skin-to-skin</li> <li>• Rooming in</li> </ul> <p><b>Unacceptable Policy Language</b>                  An appropriate staff person will be designated the breast/chestfeeding champion to support all efforts. Staff trainings will include the skills necessary to implement and maintain a breast/chestfeeding-friendly office policy and such trainings shall be made available annually to promote, support, and protect breastfeeding/chestfeeding.</p>
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<p>Step 3: Stop routinely distributing infant human milk substitutes. Also, remove formula marketing materials and gift packs from your office.</p>	<p><b>a.</b> Stop distributing marketing materials and/or gift packs that include infant human milk substitutes, bottles, nipples, pacifiers, or coupons or any such items to all pregnant patients, new parents, and their families.</p> <p><b>b.</b> Stop distributing infant human milk substitutes to all pregnant patients and new parents who have chosen to chest/breastfeed unless deemed medically necessary.</p> <p><b>c.</b> Any formula maintained by the practice must be stored out of patients’ view.</p> <p><b>d.</b> An inventory tracking system must be established and maintained by your office to monitor expiration dates and lot numbers in case of product recalls.</p>	<p><b>Acceptable Policy Language</b></p> <p><b>a.</b> The office will not accept nor distribute human milk substitutes and formula-promoting materials and gifts. These include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Formula samples, coupons, or products</li> <li>• Pacifiers</li> <li>• Nipples</li> <li>• Empty feeding bottles (except for one bottle at the discretion of the office doctor or International Board-Certified Lactation Consultant (IBCLC))</li> </ul> <p><b>b.</b> The office will not distribute formula to patients unless it is medically indicated by the office physician. In this case, the patient must also be referred to the office IBCLC.</p> <p><b>c.</b> All formula must be stored in the back storage room out of patient view. Staff must keep track at least once a month when formula expires. If any formula has expired, it must be thrown away and the date it was discarded must be recorded in the facility’s tracking system.</p> <hr/> <p><b>Unacceptable Policy Language</b></p> <p>The practice will not accept formula samples, gifts, feeding bottles, or pacifiers from formula companies.</p> <p><i>A tracking system is not mentioned in the policy.</i></p>
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<p>Step 4: Create a breastfeeding, chestfeeding, and lactation friendly office environment.</p>	<p><b>a.</b> Display posters and pamphlets in your waiting room and patient areas with images of breast/chestfeeding infants and families. Ensure pictures or photographs are reflective of the population serviced. Display signs encouraging parents to chest/breastfeed in your office. Do not display images of infants bottle feeding.</p> <p><b>b.</b> Remove any educational materials and other items from your office, including memo pads, posters, pens, cups, measuring tapes, staff lanyards, name badges, clipboards, etc. which refer to companies that manufacture human milk substitutes and/or feature their product logos.</p> <p><b>c.</b> Establish and maintain a private, comfortable space for parents to breast/chestfeed.</p>	<p><b>Acceptable Policy Language</b></p> <p><b>a.</b> The office will promote a breast/chestfeeding friendly environment by displaying pictures, posters, signage, and pamphlets with images of breast/chestfeeding parents and children in the practice’s digital and physical spaces, including the website, waiting room, hallways, and patient examination rooms. Images and photographs must reflect the population served.</p> <p><b>b.</b> Patient-education handouts and materials on promoting and supporting breast/chestfeeding must always be available throughout the practice. The office will not accept items, such as memo pads, posters, pens, cups, measuring tapes, educational materials, with formula brand logos. The practice must not show signage or patient materials with images of babies using bottles.</p> <p><b>c.</b> Staff will welcome and encourage all parents to breast/chestfeed in all areas of the office. However, a designated, comfortable, safe, clean, and space must be available to parents who prefer to breast/chestfeed in private or express breast/chest milk.</p>
<p>Step 5: During the prenatal period, talk with your patients about the benefits of infant human milk feeding – especially exclusive breast/chestfeeding or</p>	<p><b>a.</b> Help expectant parents and families create a birth plan that includes breast/chestfeeding, skin-to-skin contact and rooming-in preferences to share with hospital staff at admission.</p>	<p><b>Acceptable Policy Language</b></p> <p><b>a.</b> Clinical staff will initiate breast/chestfeeding conversations early during prenatal care and at every visit. Clinical staff will help pregnant patients create a birth plan during the second trimester. Breast/chestfeeding information about how baby will be fed, skin to skin contact, and rooming-in immediately after birth must be documented in the patient's medical record. The office Certified Lactation Counselor (CLC) will meet with all pregnant patients at least once before they give birth to discuss the benefits of exclusive breast/chestfeeding and risks of</p>
		<p><b>Unacceptable Policy Language</b></p> <p>The office will create a breast/chestfeeding friendly environment.</p>



<p>feeding only human milk.</p>		<p>formula feeding. The CLC must document this information in the patient’s medical record. All prenatal appointments and education must be documented in the patient’s medical record.</p>
<p>Step 6: During the postpartum period, talk with your patients about the benefits of infant human milk feeding – especially exclusive breast/chestfeeding or feeding only human milk.</p>	<p><b>a.</b> Schedule a first follow-up visit at least 48-72 hours after hospital discharge to assess breast/chestfeeding status and current infant feeding plan.</p> <p><b>b.</b> Have a system in place to automatically prescribe vitamin D to breast/chestfeeding infants per the AAP protocol.</p>	<p><b>Unacceptable Policy Language</b> The practice will document a patient’s desire to breast/chestfeed in their medical record.</p> <hr/> <p><b>Acceptable Policy Language</b> <b>a.</b> Office staff will help coordinate the scheduling of the first newborn visit within 72 hours post-discharge after giving birth. For infants scheduled for an early discharge (before 48 hours) or infants with clinical health concerns such as excessive weight loss or jaundice, they will be scheduled to be seen within 24-48 hours after discharge. During all postnatal appointments, physicians and other health providers must assess lactation status and current feeding plan, and counsel parents on normal sleeping patterns, appropriate growth rate, and normal feeding patterns, cues, bowel movements, and stool consistency. All postnatal appointments and education must be documented in the patient’s medical record.</p> <p><b>b.</b> Physicians will prescribe a vitamin D supplement to breast/chestfeeding infants at the first post-discharge appointment, as recommended by AAP. Documentation of this will be reflected in the infant's note in the EMR, and the supplement will be prescribed via electronic transmission under the "Vitamin D" prescription template.</p> <hr/> <p><b>Unacceptable Policy Language</b> <i>Timeframes or topics are not mentioned in the policy.</i></p> <p>A prescription for 400 IU vitamin D per AAP protocol will be offered at every well visit for breast/chestfeeding infants.</p>

<p>Step 7: Encourage parents and families to feed infants only human milk for the first six months of an infant’s life.</p>	<p><b>a.</b> Encourage <b>exclusive</b> breast/chestfeeding for the first six months of life, with continued breast/chestfeeding as long as mutually desired by the parent and baby.</p> <p><b>b.</b> Discourage using non-medically indicated supplemental formula, bottles, pacifiers, and early introduction of solid foods.</p>	<p><b>Acceptable Policy Language</b></p> <p><b>a.</b> All clinical staff will encourage exclusive breast/chestfeeding for the first six months of life with continued breast/chestfeeding, as long as mutually desired by the parent and baby.</p> <p><b>b.</b> Clinical staff will discourage using non-medically indicated supplemental formula or glucose water. If medically indicated, clinical staff will encourage using the Supplemental Nursing System (SNS), a nursing devise specifically designed to help parents breast/chestfeed by supplying milk to the baby while they are being fed at the breast/chest. Clinical staff will discourage using bottles and pacifiers until breast/chestfeeding is well established at approximately three weeks of age. If medically indicated, clinical staff will discuss alternative feeding methods such as cup feeding. Clinical staff will discourage early introduction of solid food until the infant is at least six months old.</p> <hr/> <p><b>Unacceptable Policy Language</b></p> <p>Breast/chestfeeding benefits, especially exclusive breast/chestfeeding, will be included in health education for all appropriate patients during annual physicals per physician’s discretion.</p>
<p>Step 8: Teach lactating parents how to maintain their milk supply even when they are separated from their children.</p>	<p><b>a.</b> Be knowledgeable about hand expression, the use of chest/breast pumps, and when and how to prescribe them.</p> <p><b>b.</b> Know when and how to refer breast/chestfeeding parents to an International Board-Certified Lactation Consultant (IBCLC) when there are lactation difficulties.</p> <p><b>c.</b> Educate parents about laws that protect their right to express milk at work and</p>	<p><b>Acceptable Policy Language</b></p> <p><b>a.</b> All clinical staff must be proficient in techniques for expressing human milk by hand. Access to information and demonstrations on the hand expression of breast/chestmilk must always be available for patients. All clinical staff must also be knowledgeable about the different types of breast/chest pumps, how to use them, indications for prescribing a particular breast/chest pump, and where these pumps can be obtained. A list of local pharmacies and vendors offering breast/chest pumps covered by Medicaid and other insurance providers must be available. Information about obtaining an appropriate pump and safe storage, handling, and use of stored breast/chest milk, must be available in the office.</p>

	<p>provide support to protect their rights as needed.</p>	<p><b>b.</b> Clinical staff will refer patients to an International Board-Certified Lactation Consultant (IBCLC) if they are having breast/chestfeeding issues. These include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Breast/chestfeeding parent is supplementing with non-medically indicated formula, and has not previously been counseled on the risks of formula</li> <li>• Patient is pumping, but wants to breast/chestfeed</li> <li>• Weight issues in the infant due to feeding problems</li> <li>• Latching difficulties</li> <li>• Sore nipples or breast/chest discomfort due to engorgement/plugged ducts</li> </ul> <p><b>c.</b> For parents returning to work, staff will educate them about laws that protect their right to express milk at work, including The Pump Act, The Pregnant Workers Fairness Act, and NYS Labor Law 206-c. If indicated, office physicians will provide breast/chestfeeding parents with documents needed to communicate with employers regarding reasonable workplace accommodations needed for pregnancy-related conditions.</p> <p><b>Unacceptable Policy Language</b> Information regarding hand expression of breast/chestmilk will be available to parents. Refer all eligible women to the local Women, Infants, and Children (WIC) program to receive breastfeeding education and facilitate referrals into the WIC Peer Counselor program if not currently enrolled.</p>
<p>Step 9: Create and promote collaborative working relationships with the local breast/chestfeeding support network and lactation care professionals.</p>	<p><b>a.</b> Acquire and/or maintain a list of community resources for breast/chestfeeding patients including WIC, La Leche League, local lactation support groups, and baby cafés/drop-in centers.</p>	<p><b>Acceptable Policy Language</b> <b>a.</b> The practice will maintain an updated resource list for breast/chestfeeding support that is readily available to all breast/chestfeeding parents. The list includes La Leche League, Baby Cafes, National Breastfeeding Hotline, Infant Risk Center Hotline, lactation support groups, and baby cafes/drop-in centers. Staff will inform parents about these resources at their first appointment and assist in scheduling appointments when required.</p>

<p>Connect your patients with these and other health and mental health resources as needed.</p>	<p><b>b.</b> Develop working relationships with lactation specialists in your community and make referrals as needed.</p>	<p><b>b.</b> The practice will establish partnerships with Baby-Friendly hospitals and other local community organizations to coordinate consistent educational messages and develop appropriate programs and policies to support breast/chestfeeding. CLCs and providers must know when and how to refer a breast/chestfeeding parent to a higher level of lactation care or a community organization for support.</p> <hr/> <p><b>Unacceptable Policy Language</b> The practice will inform all potential income-eligible parents of WIC which offers additional breastfeeding education during the prenatal and postpartum periods. All providers and staff will inform breast/chestfeeding parents about IBCLC availability within the practice.</p>
<p>Step 10: Give comprehensive breast/chestfeeding advice and assistance to expectant and new parents and their families.</p>	<p><b>a.</b> Develop and implement an office protocol for promptly addressing breast/chestfeeding issues and concerns to assist parents at home and after hours.</p> <p><b>b.</b> Establish a triage system to prioritize breast/chestfeeding problems by connecting parents with appropriate health care staff and ensuring timely referrals to professional lactation counseling.</p>	<p><b>Acceptable Policy Language</b></p> <p><b>a.</b> If breast/chestfeeding problems occur after hours, staff will connect parents to the on-call physician where CLCs and nursing staff are available for consultation 24/7.</p> <p><b>b.</b> If problems or concerns cannot be addressed over the phone, the parent must be seen by a lactation professional in the office or virtually by telehealth that day or referred to a lactation professional externally to address the problem in a timely manner. When referring a breast/chestfeeding patient to an external lactation consultant or support group, providers must document referral and provide information needed for insurance, and staff must provide the patient with the contact information and types of services provided. When breast/chestfeeding patients are seen by an external provider, notes must be obtained via fax or secure email and documented in the patient’s chart to be reviewed by the provider.</p> <hr/> <p><b>Unacceptable Policy Language</b> The practice will conduct home visits, telephone assessments, and referrals to support continuation of breast/chestfeeding.</p>

## Health Equity Guide

### Promoting Health Equity through the NYS Ten Steps

Health care practices seeking designation must address health equity as they implement the NYS Ten Steps. Practices will be evaluated on whether and how they promote health equity in their office policy, staff training, office environment and/or community supports (see questions 10 and 30 on the [Assessment Tool](#)). This guide includes four sections:

1. Healthcare Sector Recommendations to Address Breastfeeding Disparities in NYS.
2. Health Equity Strategies and Resources by Topic: Optional health equity recommendations, strategies, and supporting resources for health care practices to consider for the NYS Ten Steps, including office policy, staff training, office environment and/or community supports.
3. Root Causes for Continuity of Care Failures
4. Example from the Field: Addressing Continuity of Care Failures and Promoting Health Equity through Lactation Care Management

#### **Healthcare Sector Recommendations to Address Breastfeeding Disparities in New York State**

##### **From the 2021 Breastfeeding Disparities Qualitative Research Study**

- Provide training and continuing education opportunities to providers (across the continuum of care and especially in OB/GYN and pediatric offices) on how to deliver culturally and linguistically appropriate care on breastfeeding.
- Expand lactation services in the community as well as home visiting; provide hotline and telehealth options, and ensure they are accessible 24/7.
- Ensure the diversity of certified lactation counselors and consultants (e.g., training and scholarships for exams, offer the exam in languages other than English; ensure lactation counselors represent the communities they serve).
- Ensure accountability for Baby-Friendly Hospitals and include a greater focus on the Ten Steps to Successful Breastfeeding; provide funds for wider implementation in areas of need.

Source: University at Albany School of Public Health. 2021 Breastfeeding Disparities Qualitative Research Study Summary. Available from: <https://www.albany.edu/cphce/2021-new-york-state-breastfeeding-disparities-study>.

### Health Equity Strategies and Resources by Topic

#### Office Policy Strategies:

- Use a health equity lens to develop the office policy.
- Use inclusive language in the policy and/or include an inclusive language statement (refer to the [Policy Guide](#) for examples of inclusive language).
- To identify, communicate, and develop strategies to achieve health equity, you need to mobilize and organize the right people. Engage and include patient/family partners, an office task force, work group, advisory council, or QI team working to achieve practice designation. This will promote collaborative efforts between the practice and community and allow trusted

community members to bring concerns/feedback to the office staff to support efforts to promote, protect, and support breast/chestfeeding and lactation. Compensate patient/family partners members for their time and expertise.

- Engage patient/family partners in policy development or revisions to ensure they are easily understood by office staff and patients and meet the needs of patients.

**Resources:**

CDC Inclusive Communication Principles, Using a Health Equity Lens. Available from: [https://www.cdc.gov/healthcommunication/Health\\_Equity\\_Lens.html](https://www.cdc.gov/healthcommunication/Health_Equity_Lens.html).

National Association of City and County Health Officials (NACCHO). The Continuity of Care in Breastfeeding Support: A Blueprint for Communities, Strategies 2 and 4. Available from: <https://www.breastfeedingcontinuityofcare.org/blueprint>.

National Institute for Children’s Health Quality (NICHQ). Tips for Including & Engaging Family Partners in Your Work. Available from: <https://nichq.org/insight/4-tips-for-including-family-partners-in-your-work>.

**Staff Training Strategies:**

- Provide competency-based education and training to all office staff on health equity and racial justice principles and strategies to promote health and lactation equity. Health equity training topics related to breast/chestfeeding and lactation may include:
  - For all office staff
    - Risks of aggressive formula marketing to chest/breastfeeding families
    - Racism and the colonial roots of gendered language in public health and biomedicine
    - Addressing racial/ethnic disparities in breastfeeding through community and hospital-based approaches
    - Relating to the family unit and their social determinants of health in chest/breastfeeding support
    - Implicit bias awareness training to avoid prejudice and stereotyping
    - Training for hiring managers and Human Resources staff to recruit and retain a diverse lactation workforce
  - For clinical staff
    - Cultural humility and motivational interviewing techniques to learn about a family’s culture, values, and needs to ensure mutual respect and shared decision making in the provider-client relationship, while building trust and authentic relationships
    - Using a shared decision-making tool to help inform a plan for lactation care (similar to a birth plan), honoring families’ preferences and values
    - Hands-on skills development with diverse populations
    - Providing health care and screening to individuals with disabilities
- Include health equity in the required/preferred criteria and performance standards for the breast/chestfeeding champion. For example, required/preferred criteria for the role may include that the champion is culturally or racially/ethnically reflective of the population served or has experience working with marginalized communities with identities that impact

breast/chestfeeding or other health outcomes. When developing the role, consider ways that the champion's tasks and goals can support health equity. Examples of job tasks may include:

- Assess available public health breast/chestfeeding data to identify breast/chestfeeding disparities and priority populations in your community. Available data sources are listed on the DOH website at:  
<https://www.health.ny.gov/community/pregnancy/breastfeeding/statistics.htm>.
  - Assist pregnant and postpartum families in navigating and accessing, in a timely manner, appropriate community services that primarily serve families experiencing the greatest breastfeeding inequities in the community.
  - Engage community members/patients, including representatives of subpopulations that experience breast/chestfeeding disparities, to obtain feedback on education materials or other communications.
  - Collect and/or review feedback from patients about the lactation care/support offered by the practice. Ensure feedback collected represents subpopulations that experience breast/chestfeeding disparities.
  - Develop a staff breast/chestfeeding and lactation education and training plan that includes health equity and racial justice components.
  - When planning trainings, work to identify a diverse set of speakers.
  - Assess EHR/EMR capabilities and update templates to query and collect appropriate breast/chestfeeding data accurately and inclusively.
- Increase access to multi-level lactation support training and mentorship opportunities and create equitable paths to career advancement opportunities to build up community-based leadership, especially for lactation support providers (LSPs) of color to better serve families of color and diversify the lactation workforce.

#### **Resources:**

American Public Health Association. Advancing Racial Equity Webinar Series, Webinars #1 & 2. Available from: <https://apha.org/Events-and-Meetings/Webinars/Racial-Equity>.

Michigan Breastfeeding Network. Great Lakes Breastfeeding Free On-demand Webinars. Available from: <https://mibreastfeeding.org/webinars/>.

NACCHO. Every Step of the Way Through the 1,000 Days: Continuity of Care in Breastfeeding Support Blueprint Webcast Series. Available from: <https://www.naccho.org/programs/community-health/maternal-child-adolescent-health/breastfeeding-support#webinars>.

NACCHO. The Continuity of Care in Breastfeeding Support: A Blueprint for Communities, Strategy 5. Available from: <https://www.breastfeedingcontinuityofcare.org/blueprint>.

NYS Department of Health. Providing Health Care and Screening to Individuals with Disabilities. Available from: <https://www.health.ny.gov/community/disability/training/>

United States Breastfeeding Committee Learning Opportunities on Racial Equity and the Commercial Marketing of Infant and Toddler Formula. Available from: <https://www.usbreastfeeding.org/learning-opportunities.html>.

University at Albany School of Public Health. Addressing Racial/Ethnic Disparities in Breastfeeding Through Community and Hospital-Based Approaches. Available from:

<https://www.albany.edu/cphce/addressing-racial-ethnic-disparities-breastfeeding-through-community-and-hospital-based> (Dec. 14, 2022).

University at Albany School of Public Health. Breastfeeding Disparities Qualitative Research Study Findings Webinar. Available from: <https://www.albany.edu/cphce/2021-breastfeeding-disparities-qualitative-research-study-findings-webinar> (June 15, 2023).

### **Office Environment Strategies:**

- Display culturally responsive posters and pamphlets in your waiting room and patient areas with images of breast/chestfeeding parents, ensuring pictures or photographs are reflective of the population served.
- Include health equity considerations when developing communication materials. Examples include:
  - For images used in communications, decide whether a particular image or set of images (including infographics) is culturally appropriate, clear, and inclusive for diverse audiences, and not unintentionally reinforcing stereotypes or perpetuating health inequities.
  - To improve cultural responsiveness, materials should be translated into the preferred language of the intended audience, and a native speaker should review once the material has been translated. Work with community members, leaders, and population-specific experts to develop content.
  - Information should be made available in accessible formats (for example, large print, braille, American Sign Language, closed captioning, audio descriptions, plain language) for people with vision, hearing, cognitive, and learning disabilities.
  - Ensure equal access to public health services for people with disabilities and operation of disability services before, during, and after public health emergencies.
  - Information should be made available in accessible formats (for example, large print, braille, American Sign Language, closed captioning, audio descriptions, plain language) for people with vision, hearing, cognitive, and learning disabilities.

### **Resources:**

CDC's Inclusive Communication Principles, Health Equity Considerations for Developing Public Health Communications. Available from: [https://www.cdc.gov/healthcommunication/Comm\\_Dev.html](https://www.cdc.gov/healthcommunication/Comm_Dev.html).

CDC's Inclusive Communication Principles, Inclusive Images. Available from: [https://www.cdc.gov/healthcommunication/Inclusive\\_Images.html](https://www.cdc.gov/healthcommunication/Inclusive_Images.html).

Food and Nutrition Service WIC Breastfeeding Support Articles: Spanish translations. Available from: [Spanish translations](#).

### **Community Supports Strategies:**

- Develop and continuously update an easily accessible lactation support resource guide, including an inclusive compilation of services and LSPs available in the community, such as support groups, individual counseling, virtual options, and hot/warmlines. This resource guide



should be disseminated in multiple, easily accessible formats (e.g., via text, social media), given to all new families, and used by organizations.

- Designate a community lactation care coordination role to assist pregnant and postpartum families in navigating and accessing, in a timely manner, appropriate community services that primarily serve families experiencing the greatest breastfeeding inequities in the community. This coordinator should ensure that follow-up care is established and received. This role could be integrated into an existing staff responsibility, such as community health worker, perinatal coordinator, case manager, or patient navigator. For more information, see the [Example from the Field: Lactation Care Management](#).
- Facilitate an understanding of reimbursable services for lactation support at the community level and identify pathways to increasing reimbursement for all types of lactation support providers and care coordination roles.
- Collaborate to establish a screening tool or triage system for lactation-related concerns that includes timely referrals to the appropriate level of care. Whenever possible, refer to services and LSPs that are congruent and responsive to the family’s culture, language, values, individual needs, and ensure families’ ability to access the services they are being referred to.

#### Resources:

NACCHO. The Continuity of Care in Breastfeeding Support: A Blueprint for Communities, Strategy 3. Available from: <https://www.breastfeedingcontinuityofcare.org/blueprint>.

Human Milk Banking Association of North America. Equitable Donor Milk Access Blueprint, Call to Action for Healthcare Institutions (pages 12-13). The link can be found about halfway down the page from: <https://www.hmbana.org/news/blog.html/article/2023/10/11/hmbana-empowers-donor-milk-access-with-innovative-blueprint>.

#### Root Causes for Continuity of Care Failures

Consider the root causes for failures of the continuity of care in breast/chestfeeding support for the subpopulations your practice serves. Conduct your own root cause analysis to identify causes specific to different subpopulations or refer to the list of root causes described in the Continuity of Care in Breastfeeding Support: A Blueprint for Communities listed below.

- 1. Ineffective communication:** Information that is ineffectively communicated between healthcare and service providers, or between providers and their clients can lead to communication breakdowns. This can happen due to varied expectations during or after transitions, an unsupportive organizational culture, insufficient time for proper hand-offs, or a lack of policy and procedure for effective hand-offs.
- 2. Patient education misunderstandings:** Patient education can be disrupted in various ways. This can happen when patients or their family members receive conflicting advice, are presented with confusing treatment options, or are not involved in the planning process for their care transition. When patients do not fully understand or agree with the recommended treatment, they are less likely to follow through with it.
- 3. Lack of accountability:** In many cases, individuals who are being assisted are given the necessary information and are included in the planning of events such as leaving the hospital. However, it is not as frequent for a doctor or medical entity to ensure that care is properly coordinated and

supported across different settings when there are multiple entities involved. This indicates an accountability breakdown. In cases where multiple providers or agencies are responsible for the care of an individual or family, it is essential to establish communication channels among all parties involved. Without proper communication, there can be confusion for those receiving care and a higher likelihood of negative outcomes due to inadequate knowledge and resources.

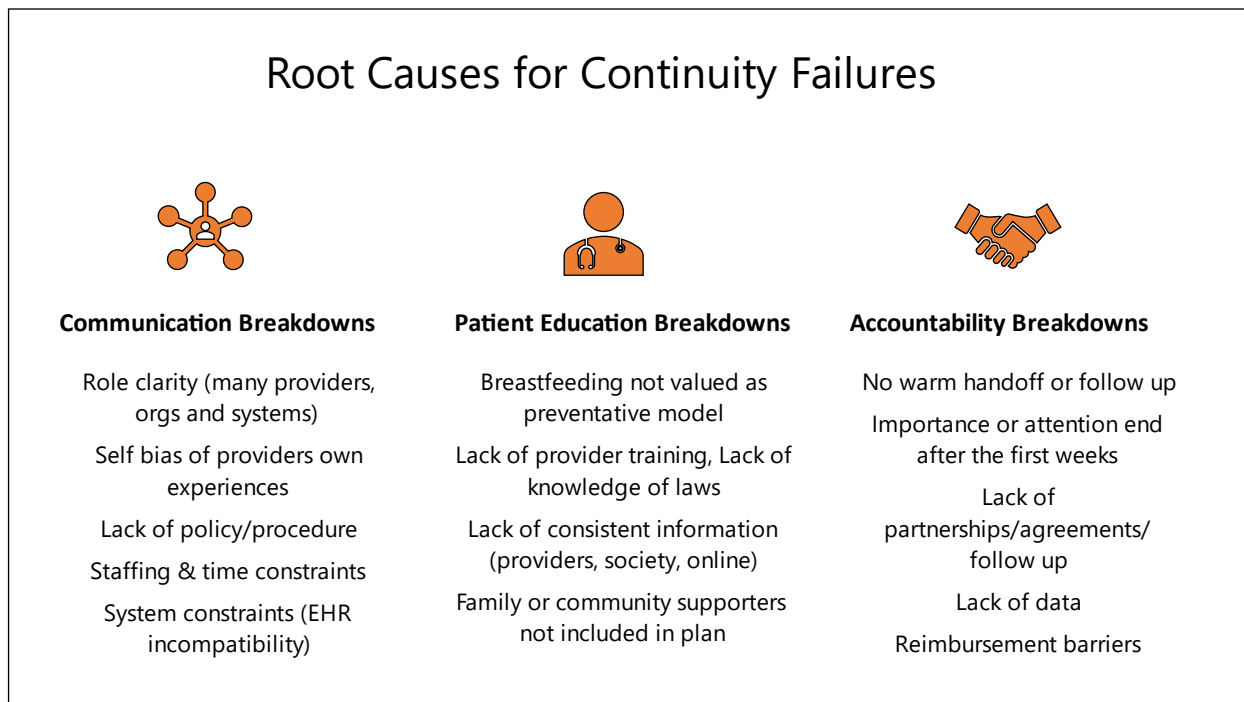


Image Source: NACCHO

### Example from the Field: Addressing Continuity of Care Failures and Promoting Health Equity through Lactation Care Management

With grant funding, the Accountable Health Partners (AHP) established a Primary Care Lactation Care Management program to serve the rural area in the Central Region of NYS. Using the AHP model, the University of Rochester Medical Center (URMC) established a similar program in primary care practices to serve communities in Rochester. One goal of the program is to reduce the silo effect that results from lack of continuity of care and the way lactation care is covered by insurers that so often harms a patient’s breastfeeding/chestfeeding journey. The role of the Lactation Care Managers (LCMs) and care plan workflow are described below.

Examples of LCM job duties:

- Conduct prenatal assessments, connect to resources, and provide education and lactation support.
- Work collaboratively within a health care team to facilitate prompt referrals for mental health and need for higher level of birthing parent/infant care.
- Document within the electronic medical record (EMR) for continuity of care. If available, standardized templates and SmartPhrases (i.e., a feature within the EHR that inserts data or text into a clinical note) allow for consistency of documentation, data collection and distribution of community resources such as support groups, doula services, WIC, food banks, etc., and
- Provide culturally responsive care.

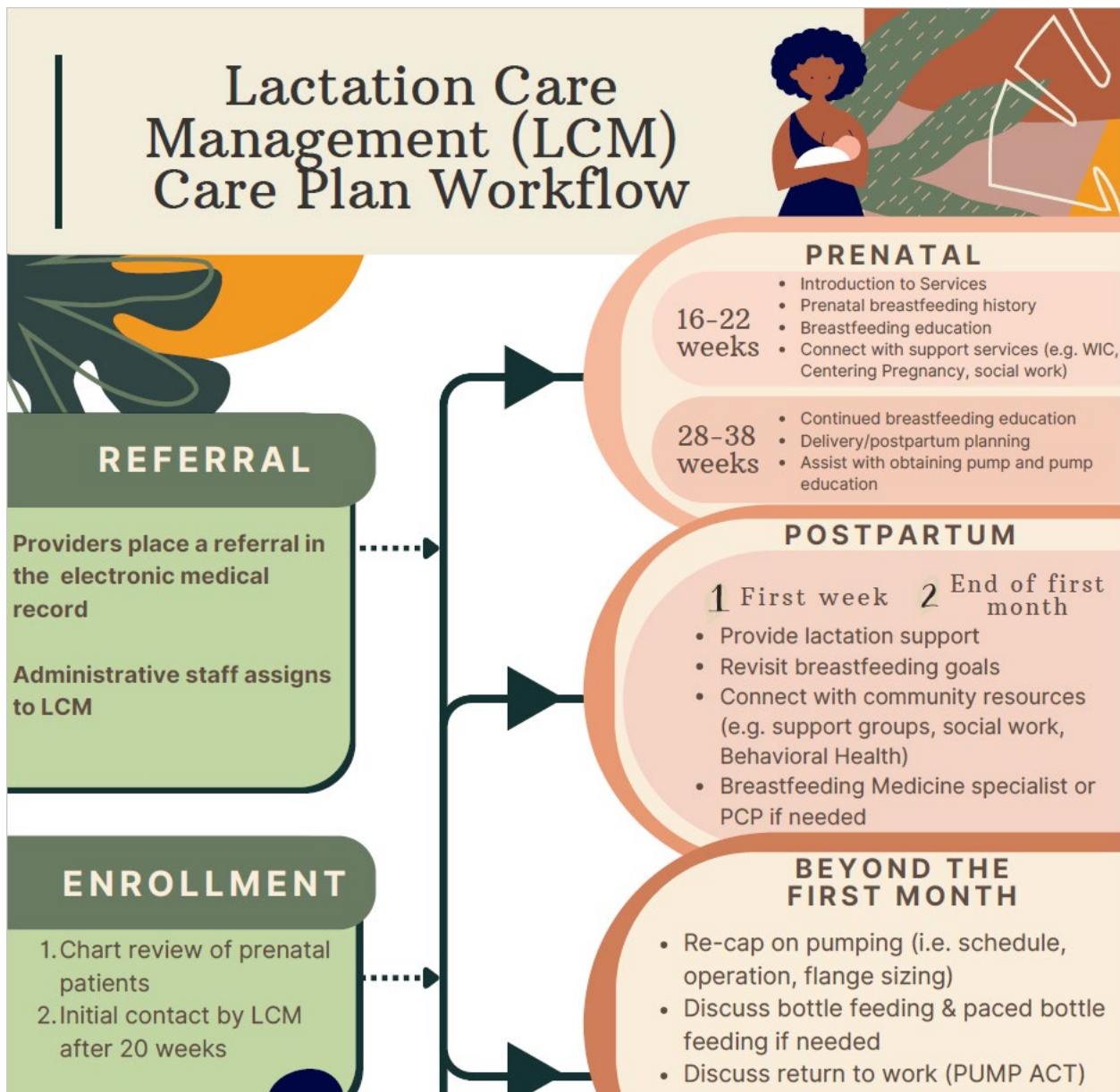


Image Source: University of Rochester Medical Center

**AHP’s Approach to Improving Equity in Rural Communities through the Lactation Care Management Program:**

*“In the rural setting, we ask our LCMs to be IBCLC certified as well as have Care Management education. We have an inclusive hiring philosophy and prefer that our LCMs be part of the community they serve; if an excellent candidate who is not IBCLC certified shows motivation to complete that education we will consider this in our hiring process. Geographic isolation from the network of lactation care services available in urban centers requires our LCMs to take on an advocacy and leadership role in addition to a patient care role. For example, in an urban center there will be many durable medical equipment (DME) providers where patients can have access to high quality breast pumps. In rural areas, there may be only one and when that DME provider refuses to stock high quality breast pumps our LCMs are ready to discuss health care equity, to search for DME providers who will ship to our region and educate our Obstetric providers on the impact of equitable access to health care outcomes. In short, our*

*LCMs may be the only professional in the rural health care system with an understanding of the impacts of inequity when it comes to access to care and equipment in this field, so we are asking not only for patient care, but for advocacy and agency for systemic change.” -Katie Wightman, MS, IBCLC – Program Director, Lactation Care Management for AHP*

**URMC’s Recommendations to Advance Equity through the Lactation Care Management Program:**

- Recruit for and hire a Lactation Care Manager with input from local organizations supporting human milk feeding initiatives in the community.
- There are systemic and cost barriers to obtaining formal lactation training (e.g., CLC, IBCLC); consider inclusive hiring criteria to include individuals who have demonstrated interest and experience in lactation but may lack formal training certifications.
- Incorporate time and funding for formal lactation training into the position, if possible, to develop a diverse workforce reflective of the community being served.
- In certain geographic areas, hiring Lactation Care Managers who are already IBCLC trained and have experience in social work or care management may be beneficial if there are limited resources available.

For more information about AHP’s Lactation Care Management Program, visit <https://ahpnetwork.com/introducing-ahps-lactation-care-management-program/> or contact Katie Wightman, MS, IBCLC, at [Catherine\\_Wightman@URMC.Rochester.edu](mailto:Catherine_Wightman@URMC.Rochester.edu).

For more information about URMC’s Lactation Care Management Program, contact Anna Jack, MD, IBCLC, at [Anna\\_jack@urmc.rochester.edu](mailto:Anna_jack@urmc.rochester.edu).

# Appendix

## Useful Definitions

**Inclusive language** - using inclusive language is essential within public health and for the lactation workforce as it contributes to safe and supportive environments for patients, clients, and communities; and ensures that programs and services are delivered with respect and meet the needs of all people. A key component of continuity of care is consistent messaging in chest/breastfeeding education and support in printed materials and verbal communication; no matter how well-established continuity of care is, a community cannot be fully supportive of chest/breastfeeding for all families unless it reflects all families. Through this document, we have used language to be inclusive. While we are not attempting to dictate any specific wording choice through this document, we recognize the importance of language in promoting and implementing inclusive and equitable continuity of care systems.

**Chest/Breastfeeding** - chest/breastfeeding, human milk feeding, lactating, and nursing will be used interchangeably to describe human milk (from donor or birth parent) feeding through a bottle, cup, spoon, syringe, or at the chest/breast.

**Breast pumps/pumping** - breast pumps/pumping also indicates chest pumps and expressing human milk.

**Cultural Humility** - cultural humility will encompass and may be used interchangeably with culturally responsive, culturally appropriate, culturally tailored, and culturally attuned; but NOT culturally competent, to indicate a posture of constant learning and not making assumptions about a family's background, experiences, and/or choices related to maternity care and infant feeding.

**Culturally Responsive** - able to understand and consider the different cultural background of the people you offer services to. It means respecting the cultures and experiences of various groups and then using these as resources and opportunities to achieve health equity.

**Parents** - parents will be used to refer to pregnant people, mothers, fathers, parents, adoptive parents, birthing people, and primary caregivers. It will be used to recognize that people of many gender identities —transgender, non-binary, and cisgender alike — have babies and receive maternity care. By using “parents,” we also recognize the critical role of the non-birthing parent or other support person to support and enable the breastfeeding journey.

Source: [Continuity of Care in Breastfeeding Support: A Blueprint for Communities.](#)

**Health equity** - shall mean achieving the highest level of health for all people and shall entail focused efforts to address avoidable inequalities by equalizing those conditions for health for those that have experienced injustices, socioeconomic disadvantages, and systemic disadvantages. Racism has been declared a public health crisis in NYS and racial justice is a primary focus of the Department of Health's health equity work.

Source: DOH

## Assessment Tool

### **New York State Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment Tool**

The New York State (NYS) Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment tool was developed to assist health care practices in assessing site level practices supportive of breastfeeding, chestfeeding, and lactation. The tool is based on the NYS Ten Steps listed below. This tool includes criteria that will be used to evaluate eligibility for the NYS Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Award.

To achieve designation status, health care practices must complete and submit a pre assessment of their site level practices compared to the NYS Ten Steps evaluation criteria. When the evaluation criteria are met, health care practices must conduct a post or redesignation assessment to demonstrate implementation of all NYS Ten Steps. When submitting a post or redesignation assessment, health care practices must upload their practice's written policy.

#### NYS Ten Steps to a Breastfeeding, Chestfeeding, and Lactation Friendly Practice

1. Develop, implement, and maintain a written breastfeeding, chestfeeding, and lactation friendly office policy.
2. Train all staff to promote, support, and protect breastfeeding, chestfeeding, and lactation.
3. Stop routinely distributing infant human milk substitutes. Also, remove formula marketing materials and gift packs from your office.
4. Create a breastfeeding, chestfeeding, and lactation friendly office environment.
5. During the prenatal period, talk with your patients about the benefits of infant human milk feeding – especially exclusive breast/chestfeeding or feeding only human milk. Also, talk about initial management of breast/chestfeeding.
6. During the postpartum period, talk with your patients about the benefits of infant human milk feeding – especially exclusive breast/chestfeeding or feeding only human milk. Also, talk about initial management of breast/chestfeeding.
7. Encourage parents and families to feed infants only human milk for the first six months of an infant's life.
8. Teach lactating parents how to maintain their milk supply even when they are separated from their children.
9. Create and promote collaborative working relationships with the local breast/chestfeeding support network and lactation care professionals. Connect your patients with these and other health and mental health resources as needed.
10. Give comprehensive breast/chestfeeding advice and assistance to expectant and new parents and their families.

#### Definition of Health Equity

"Health equity" shall mean achieving the highest level of health for all people and shall entail focused efforts to address avoidable inequalities by equalizing those conditions for health for those that have experienced injustices, socioeconomic disadvantages, and systemic disadvantages. Racism has been declared a public health crisis in NYS and racial justice is a primary focus of the Department of Health's health equity work.

Background Information	
1.	Today's Date:
2.	What type of assessment is this: <input type="checkbox"/> PRE <input type="checkbox"/> POST <input type="checkbox"/> REDESIGNATION
3.	Practice Name:
4.	Practice Mailing Address:
5.	Practice ID#*:
6.	Name of person submitting the assessment for this practice:
7.	Email address of person submitting the assessment for this practice:
<p>*Enter the four-digit number assigned to your practice. You should have received an email from <a href="mailto:promotebreastfeeding@health.ny.gov">promotebreastfeeding@health.ny.gov</a> with a Practice Designation ID# after you submitted this <a href="#">online registration form</a>.</p>	

### Assessment Instructions

Read each question and record the appropriate response. Check 'YES' if the evaluation criteria described for each step are fully implemented, with no room for improvement. Check 'NO' if the evaluation criteria described for each step are not in place, partially in place, or in progress – in other words, check 'NO' if there is still room for improvement.

### NYS Ten Steps Evaluation Criteria

Steps 1 and 2: Office Policy and Staff Training		YES	NO
8.	Does this practice have a breastfeeding, chestfeeding, and lactation friendly office policy? [If yes, upload your practice's written policy when submitting a post or redesignation assessment.]		
9.	Does this practice have a designated breastfeeding, chestfeeding, and lactation champion(s) with clearly delineated job responsibilities?		
10.	Does this practice promote health equity in their office policy, staff training, office environment and/or community supports?		
11.	Does this practice train all staff on an ongoing basis in skills necessary to implement and maintain a breastfeeding, chestfeeding, and lactation friendly office policy?		
12.	Does this practice educate all staff on all aspects of providing breastfeeding, chestfeeding, and lactation support upon hire and at least annually?		



<b>Steps 3 and 4: Office Environment</b>		<b>YES</b>	<b>NO</b>
13.	Does this practice prohibit distribution of marketing materials and/or gift packs that include infant human milk substitutes, bottles, nipples, pacifiers, or coupons for any such items to all parents and their families?		
14.	Does this practice prohibit distribution of human milk substitutes to all pregnant people and people who have chosen to breast/chestfeed unless deemed medically necessary?		
15.	Is formula stored out of patients' view? [Select 'N/A' if this practice does not maintain formula]	<b>YES</b>	<b>NO</b>
			<b>N/A</b>
16.	Is there an inventory tracking system to monitor formula expiration dates and lot numbers in case of product recalls? [Select 'N/A' if this practice does not maintain formula]		
17.	Does this practice prohibit items which refer to proprietary product(s) or bear product logos from the office, including memo pads, posters, pens, cups, measuring tapes, educational materials, staff lanyards, name badges, clipboards, etc.?	<b>YES</b>	<b>NO</b>
18.	Does this practice prohibit images of infants bottle feeding?		
19.	Does this practice display posters and pamphlets in the waiting room and patient areas with images of people breast/chestfeeding? Are the pictures or photographs reflective of the population served?		
20.	Does the practice display signs encouraging people to breast/chestfeed?		
<b>Steps 5 and 6: Pre/Postnatal Discussions</b>		<b>YES</b>	<b>NO</b>
21.	Does the practice help pregnant people create a birth plan that includes breast/chestfeeding, skin-to-skin contact, and rooming-in preferences to share with hospital staff at admission? [Select 'N/A' if this practice does not serve patients during the prenatal period]		
22.	Does this practice schedule a first follow-up visit 48-72 hours after hospital discharge to assess breast/chestfeeding status and current infant feeding plan? [Select 'N/A' if this practice does not serve patients during the postnatal period]		
23.	Does this practice have a system in place to automatically prescribe vitamin D to breast/chestfeeding infants per the American Academy of Pediatrics protocol? [Select 'N/A' if this practice does not serve patients during the postnatal period]		
<b>Steps 7 and 8: Exclusive Breastfeeding</b>		<b>YES</b>	<b>NO</b>
24.	Does this practice promote and support exclusive breast/chestfeeding for the first 6 months of life, with continued breast/chestfeeding as long as mutually desired by the breast/chestfeeding dyad?		
25.	Is this practice knowledgeable about hand expression and the use of breast/chest pumps and when and how to prescribe them?		
26.	Does this practice know when and how to refer breast/chestfeeding people to an International Board Certified Lactation Consultant (IBCLC) when there are lactation difficulties?		

<b>Steps 9 and 10: Community Support</b>		<b>YES</b>	<b>NO</b>
27.	Does this practice maintain a list of community resources for breast/chestfeeding parents including WIC, La Leche League, local lactation support groups, and Baby Cafés/drop-in centers?		
28.	Does this practice engage and develop working relationships with diverse lactation specialists that are reflective of their community and make referrals as needed?		
29.	Does this practice implement an office protocol to promptly address breast/chestfeeding problems and concerns to assist breast/chestfeeding people at home? Examples include establishing a triage system to prioritize breast/chestfeeding problems, pairing breast/chestfeeding parents with peer counselors, or ensuring timely referrals to professional lactation counseling, in office or at a home visit.		
30.	Please describe how this practice promotes or intends to promote health equity and/or racial justice in their office policy, staff training, office environment, and/or their community supports?		

### Submission Instructions

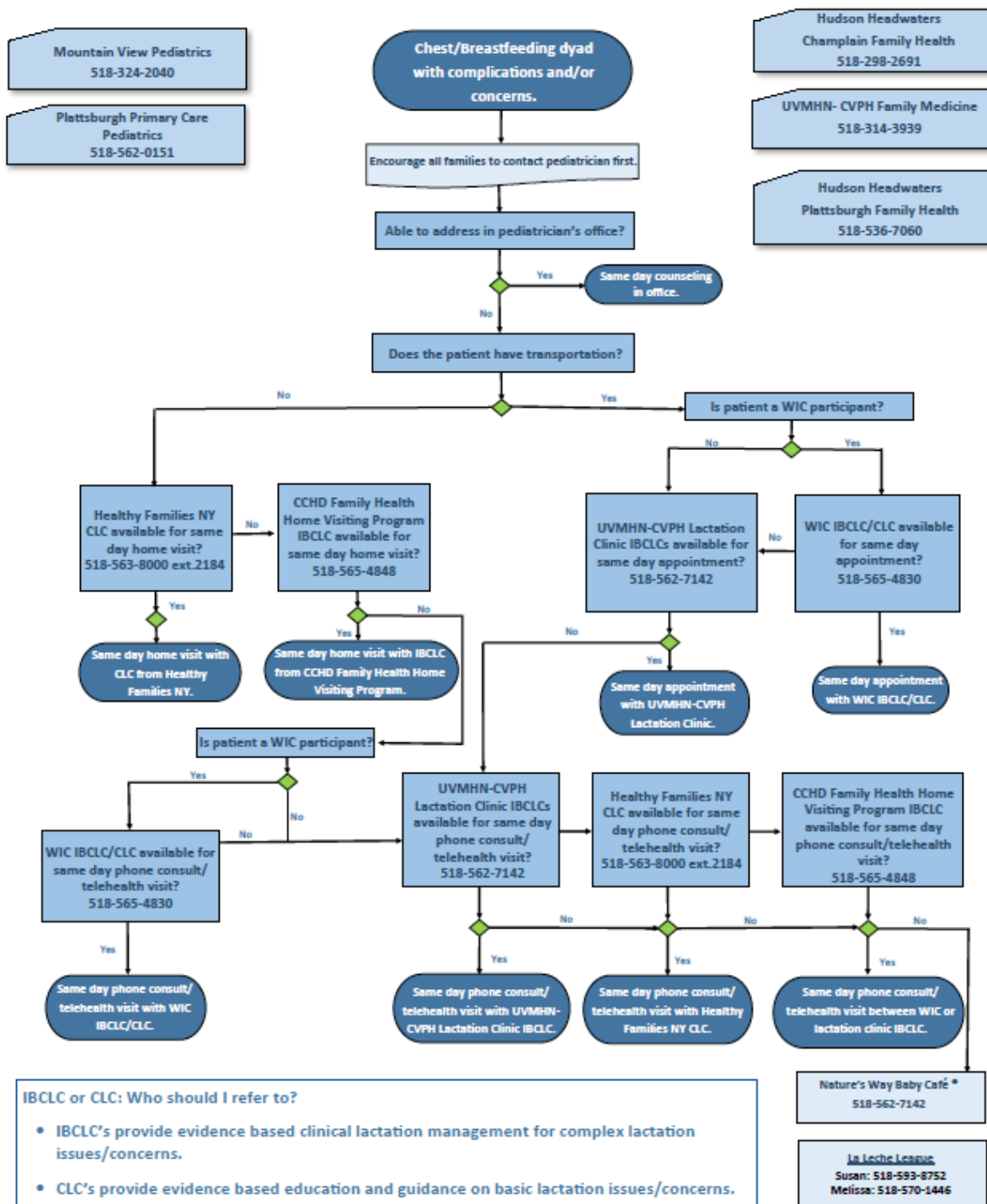
After you complete this assessment, submit the results to NYS Department of Health using this digital platform. [Breastfeeding, Chestfeeding, and Lactation Friendly Practice Designation Assessment Tool | Survey Builder \(ny.gov\)](#)

### For Post and Redesignation Assessments Only

If you are submitting a post-assessment or a redesignation assessment, you should also upload your practice’s current (dated) written policy.

Clinton County Chest/Breastfeeding Process Map

## Clinton County Chest/Breastfeeding Process Map



Clinton County Chest/Breastfeeding Resources – Lactation Referral Guide

# Clinton County Chest/Breastfeeding Resources

Call your pediatrician's office first!

## Trusted Websites

**Stanford School of Medicine**

<http://bit.ly/3jselTc>

**Chest/Breast Pump Videos**

[www.ClintonHealth.org](http://www.ClintonHealth.org)

**Medication and Lactation**

[www.MommyMeds.com](http://www.MommyMeds.com)



Scan for clickable links

**Kelly Mom Chest/Breastfeeding**

[www.KellyMom.com](http://www.KellyMom.com)

**LLL International**

[www.llii.org](http://www.llii.org)

**First Droplets**

[www.FirstDroplets.com](http://www.FirstDroplets.com)

For chest/breast pump information, call your insurance company.

## Trusted Groups

### Clinic Setting

**WIC Chest/Breastfeeding**

[www.ClintonHealth.org](http://www.ClintonHealth.org)

518-565-4830

**UVMHN-CVPH**

[www.cvph.org](http://www.cvph.org)

**Newborn Nursery**

518-562-7770

**Lactation Clinic & Classes**

518-562-7142 (days)

**La Leche League**

[www.facebook.com/LLLPlattsburgh/](http://www.facebook.com/LLLPlattsburgh/)

**La Leche League Leaders**

Susan: 518-593-8752

Melissa: 518-570-1446

**Nature's Way Baby Café®**

194 U.S. Oval, Plattsburgh

2nd & 4th Thursday each month from 10am-12pm

518-562-7142

### Home Visiting

**Healthy Families NY**

[www.bhsn.org](http://www.bhsn.org)

518-563-8000 x2184

**Clinton County Health**

**Department's Family Health**

**Home Visiting Program**

[www.ClintonHealth.org](http://www.ClintonHealth.org)

518-565-4848

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Sample Office Policy

**Breastfeeding, Chestfeeding, and Lactation Friendly Office Policy**

<b>Date of Origin</b>	<b>10/1/2018</b>
<b>Last Reviewed</b> <i>*The policy will be reviewed and revised annually</i>	<b>10/1/2023</b>
<b>Revision Date</b>	<b>11/14/2023</b>

**Policy:** The office will maintain a breastfeeding, chestfeeding, and lactation friendly office through: designating a lactation champion, providing staff education and training, eliminating formula marketing materials, promoting a breast/chestfeeding friendly environment, educating prenatal and postnatal patients, encouraging exclusive breast/chestfeeding for the first six months of life, counseling patients on maintaining breast/chestfeeding while separated from their infant, local community lactation resources and support, and establishing an office protocol for addressing breast/chestfeeding issues promptly.

**Purpose:** To provide an overview of the procedures for maintaining a breastfeeding, chestfeeding, and lactation friendly office.

**Who policy applies to:** All office staff.

**Procedure:**

**1. Policy reviews and revisions**

- a. The Breastfeeding, Chestfeeding, and Lactation Friendly Office Policy will be reviewed and revised at least annually and as needed. The table above indicates when the policy was originally written, reviewed, and revised and must be updated as well.

**2. Designated lactation champion**

- a. The practice must identify one or more lactation champion(s) who have skills and experience in breast/chestfeeding management and treating lactation problems.
- b. The lactation champion must be a Licensed Practical Nurse or Registered Nurse. Certified Lactation Counselor (CLC) and prior experience is preferred, but not required.
- c. The lactation champion’s responsibilities include but are not limited to:
  - Reviewing and updating the Breastfeeding, Chestfeeding, and Lactation Friendly Office Policy, using current evidence-based research and communicate with all practice staff at least annually and upon revision,
  - Leading and supporting staff in promoting breast/chestfeeding and providing feedback,

- Promoting healthy environments for breast/chestfeeding parents & babies to bond,
- Counseling breast/chestfeeding dyads using motivational interviewing techniques, and
- Training and recording all staff training regarding the promotion, support, and protection of breast/chestfeeding.

### 3. Staff training and education

- a. All office staff must complete trainings about promoting, supporting, and protecting breast/chestfeeding when they are first hired and on an annual basis. Staff will receive ongoing training and education to implement and maintain a breast/chestfeeding friendly office. Trainings include but are not limited to:
  - Review of the Breastfeeding, Chestfeeding, and Lactation Friendly Office Policy, chest/breastfeeding referral guide and available resources free from formula company marketing
  - Key breast/chestfeeding messages that must be utilized with all patients.
- b. Additionally, all office staff must complete at least one training annually about patient centered care, such as training on motivational interviewing, to promote equitable care to all patients and reduce health disparities.
- c. All clinical staff, including physicians, nurses, dietitians, and other licensed healthcare workers, must complete at least two hours of lactation management continuing education at least once a year. Clinical staff will be responsible for tracking their own hours and will be asked to provide documentation at the time of their annual performance appraisal. Training topics for clinical staff include but are limited to:
  - Education topics on lactation issues, infant hunger cues, milk supply, postnatal practices, skin-to-skin, and rooming in
  - Trainings from the SUNY Supporting and Promoting Breastfeeding, Chestfeeding and Lactation in Health Care Setting Modules:  
<https://www.albany.edu/cphce/supporting-and-promoting-breastfeeding-chestfeeding-and-lactation-health-care-settings>

### 4. Elimination of formula marketing materials

- a. The office will not accept nor distribute human milk substitutes and formula-promoting materials and gifts. These include but are not limited to:
  - Formula samples, coupons, or products,
  - Items with formula brand logos such as memo pads, posters, pens, cups, measuring tapes, educational materials, lanyards, name badges, clipboards, etc.
  - Pacifiers,
  - Nipples, and

- Empty feeding bottles, except for one bottle at the discretion of the office doctor or International Board-Certified Lactation Consultant (IBCLC).
  - b. Formula cans must be stored out of patient view and staff must not use or wear items promoting formula in patient care areas.
  - c. Formula will only be distributed to patients when the office doctor deems it medically indicated. In this case, the patient must also be referred to the office IBCLC, and it must be recorded in the facility's tracking system
  - d. Staff must keep track at least once a month when formula expires. If any formula has expired, it must be thrown away and a date it was discarded must be recorded in the facility's tracking system.
- 5. Breast/chestfeeding friendly office environment**
- a. The office will promote a breast/chestfeeding friendly environment by displaying pictures, posters, signage, and pamphlets of breast/chestfeeding parents and babies through the practice, including the waiting room, hallways, and patient examination rooms. Images must be reflective of the population serviced, as well as photographs of breast/chestfeeding patients' partners and other caregivers.
  - b. Patient-education handouts and materials on promoting and supporting breast/chestfeeding must always be available throughout the practice.
  - c. The practice must not show signage or patient materials of babies using bottles.
  - d. Staff will welcome and encourage all parents to breast/chestfeed their babies in all areas of the office. However, a designated, comfortable, safe, clean, and private space must be available to parents who prefer to breast/chestfeed in private.
- 6. Prenatal and postpartum lactation education**
- a. All staff must provide racially, ethnically, and culturally responsive education to patients. Education must be commercial-free, accurate, and unbiased written information to patients and families so they can make informed decisions about infant feeding and their health care.

Prenatal Patients

- b. Clinical staff will initiate breast/chestfeeding conversations early during prenatal care and at every prenatal visit.
- c. Clinical staff will help pregnant patients create a birth plan during in their second trimester that includes breast/chestfeeding plan, skin to skin contact, and rooming-

in preferences immediately after birth to share with hospital staff at admission.

- d. Prenatal education discussions include but are not limited to:
  - Previous breast/chestfeeding experience: initiation, exclusivity/any breastfeeding duration, perceived benefits and difficulties, sources of previous support and reasons for weaning.
  - Anticipatory guidance on normal breast/chestfeeding physiology
  - The relationship of milk supply and demand,
  - Impact of supplementation, and
  - Common barriers to success breast/chestfeeding
- e. The office CLC will meet with all pregnant patients at least once with before they give birth to discuss the benefits of exclusive breast/chestfeeding and risks of formula feeding. The CLC must document this information in the patient's medical record.
- f. All prenatal appointments and education must be documented in the patient's medical record.

#### Postnatal Patients

- g. Office staff will help coordinate the scheduling of the first newborn visit within 72 hours post-discharge after giving birth. For infants scheduled for an early discharge (before 48 hours) or infants with clinical health concerns such as excessive weight loss or jaundice, they will be scheduled to be seen within 24-48 hours after discharge.
- h. During all postnatal appointments, physicians must assess lactation status and current feeding plan, and counsel parents on the following topics:
  - LATCH assessment
  - Appropriate growth rate
  - Normal sleeping patterns
  - Normal feeding patterns
  - Normal hunger cues
  - Normal bowel movements stool consistency
- i. Physicians will prescribe a vitamin D supplement to breast/chestfeeding at the first post-discharge appointment, as recommended by AAP. Documentation of this will be reflected in the infant's note in the EMR, and the supplement will be automatically prescribed via electronic transmission under the "Vitamin D" prescription template.

- j. All postnatal appointments and education must be documented in the patient's medical record.

#### **7. Exclusive breast/chestfeeding**

- a. All office staff will encourage exclusive breast/chestfeeding for the first six months of life with continued breast/chestfeeding, as long as mutually desired by the parent and infant.
- b. Clinical staff will the discourage use of non-medically indicated supplemental formula or glucose water.
- c. Clinical staff will encourage patients not to offer bottles or pacifiers until breast/chestfeeding is well established, at approximately three weeks of age.
- d. Clinical staff will also discourage early introduction of solid foods until six months of age. Clinical staff will discuss alternative feeding methods such as cup feeding or using a Supplemental Nursing System, when supplementation is medically indicated.

#### **8. Maintaining lactation when parent and infant are separated**

- a. All clinical staff must be proficient in techniques for expressing human milk by hand. Access to information and demonstrations on the hand expression of breast/chestmilk must be available to all patients.
- b. All clinical staff must also be knowledgeable about the different types of breast/chest pumps, how to use them, indications for prescribing a particular breast/chest pump, and where these pumps can be obtained. A list of local lactation centers and vendors offering breast/chest pumps from various insurance providers to assist patients in obtaining an appropriate pump, and information about safe storage, handling and use of stored breast/chest milk, must be available in the office.
- c. Clinical staff must refer patients to the office IBCLC if they are having breast/chestfeeding issues. These may include but are not limited to:
  - Breast/chestfeeding parent is supplementing with non-medically indicated formula, and has not previously been counseled on the risks of formula
  - Patient is pumping, but wants to breast/chestfeed
  - Weight issues in the infant due to feeding problems
  - Latching difficulties
  - Sore nipples or breast/chest discomfort due to engorgement/plugged ducts
  - Back to work support
  - Milk supply issues or “perceived milk supply issues
  - First time breast/chestfeeding parent who needs support and reassurance

- Weaning issues or nursing strikes

**9. Local community lactation resources and support**

- a. The practice will maintain an updated resource list for breast/chestfeeding support that is readily available to all breast/chestfeeding parents. The list includes La Leche League, National Breastfeeding Hotline, and Infant Risk Center Hotline. Additional guidance will be offered through the on-staff CLC, periodic breast/chestfeeding classes, and WIC on-site. Staff will inform parents about these resources and assist in scheduling appointments when required.
- b. The practice will establish partnerships with local community organizations to coordinate consistent educational messages and develop appropriate programs and policies to support breast/chestfeeding. CLCs and providers must know when and how to refer a breast/chestfeeding parent to a higher level of lactation care or a community organization for support.

**10. Office protocol for addressing breast/chestfeeding issues promptly**

- a. If breast/chestfeeding problems occur after hours, staff will connect parents to the on-call physician where CLCs and nursing staff are available for consultation 24/7.
- b. If problems or concerns cannot be addressed over the phone, the patient must be seen by a lactation professional in the office that day or referred to a lactation professional externally to address the problem in a timely manner.
- c. When referring a breast/chestfeeding patient to an external lactation consultant or support group, staff must provide the patient with the contact information and types of services provided. Additionally, notes must be obtained via fax or secure email and documented in the patient's chart to be reviewed by the provider.

Sample Office Policy Template

[INSERT POLICY NAME]

<b>Date of Origin</b>	
<b>Last Reviewed</b>	
<b>Revision Date</b>	

**Policy:**

**Purpose:**

**Who policy applies to:**

**Procedure:**

- 1. Policy reviews and revisions**
- 2. Designated lactation champion**
- 3. Staff training and education**
- 4. Elimination of formula marketing materials**
- 5. Breast/chestfeeding friendly office environment**
- 6. Prenatal and postpartum lactation education**
- 7. Exclusive breast/chestfeeding**
- 8. Maintaining lactation when parent and infant are separated**
- 9. Local community lactation resources and support**
- 10. Office protocol for addressing breast/chestfeeding issues promptly**

End of Program Handbook