

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](#).

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.

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

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)

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- 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 LGBTQIA+ 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.**

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- 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)

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- 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)

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- 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.

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.

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](#)