

Breastfeeding Promotion & Support Efforts in Fresno County



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First 5 Fresno County (F5FC) commissioned this project to assess current breastfeeding promotion efforts and investments in the County. F5FC contracted with the Central Valley Health Policy Institute (CVHPI) at Fresno State to conduct an assessment of existing promotion efforts and develop recommendations to address breastfeeding promotion needs in the community. This report is the findings of three focus groups with local women with children under the age of five and surveys and interviews with stakeholders and organizational leaders. The findings have been reported back to the Advisory Group for feedback and insights. The authors would also like to acknowledge the contribution of many CVHPI staff including Dr. John Capitman, Amber Costantino, Yesenia Silva, and Guadalupe Corona Gomez. We would also like to acknowledge the contribution of Ansley Andrews for facilitating a focus group.

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Breastfeeding Promotion and Support Efforts in Fresno County

PROJECT INTRODUCTION

Exclusive breastfeeding is recommended for nearly all infants to provide maximum health benefits that last a lifetime. Breastfeeding rates, both for exclusive breastfeeding and breastfeeding supplemented with formula, are rising across the nation. Nonetheless, breastfeeding rates nationally remain below established goals for optimal infant health. The state of California has breastfeeding rates that are higher than the national average, but Fresno County, persistently has rates of breastfeeding that are below the state-wide averages, this disparity exists across all racial and ethnic groups. According to available data, breastfeeding rates in Fresno County remain sub-optimal and below the targets established in *Healthy People 2020*, a national set of goals and objectives aiming for population level improved health status and reduced health disparities.

First 5 Fresno County (F5FC) requested a program evaluation and needs assessment of current breastfeeding promotion efforts and investments by the agency and other community organizations. F5FC's Breastfeeding Friendly (BFF) Campaign was created in 2009 with commitment to increase breastfeeding rates locally. The four initiatives of the BFF Campaign, described below have not been formally assessed prior to this report. This evaluation was conducted with guidance from an Advisory Group made up of stakeholders that allowed for collaborative decision-making and provided professional insight into promotion efforts, barriers, and unmet needs of the population. Three focus groups with women who had children under the age of 5 were conducted along with surveys and interviews of stakeholders and organizational leaders. From the collected and analyzed data and suggestions of the Advisory Group the Central Valley Health Policy Institute developed this report synthesizing all findings and breastfeeding promotion recommendations to be presented to the F5FC Commission Board. This report evaluates effectiveness of current breastfeeding promotion efforts of F5FC and other contributing agencies, identifies challenges, barriers, and gaps in breastfeeding promotion efforts, and provides recommendations to address findings.

BACKGROUND

The protective nature of breastfeeding is well documented and has led the American Academy of Pediatrics to recommend exclusive breastfeeding for the first six months of an infant's life, to be followed by breastfeeding supplemented with healthy and age-appropriate foods.¹ The health benefits to infants who are breastfed include reduced rates of ear infections; lower rates of hospitalization due to respiratory tract diseases; and reduced risks of developing childhood leukemia.² Breastfeeding through six months of age reduces the risk of celiac disease and irritable bowel syndrome in infancy.¹ Perhaps most important from a public health perspective, is that infants who are exclusively breastfed have a greatly reduced risk of obesity in adulthood.³ The U.S. Surgeon General, American Academy of Pediatrics, and American Public Health Association recognize the importance of breastfeeding for infant health as a public health issue.^{4,5}

Breastfeeding may strengthen the bond between mother and child and lead to improved mental and physical outcomes for both.⁵ However, breastfeeding rates reflect overall trends in health disparities experienced by racial and ethnic minorities and those in poverty. Individuals in these sub-populations experience poorer health outcomes generally and report lower rates of

breastfeeding initiation and exclusivity for shorter durations.⁶ Targeting promotion efforts to vulnerable populations in culturally and linguistically appropriate methods is critical to ensure that promotion efforts do not increase inequity.

Healthy infants translate to less missed school time as they age and less missed work time for parents. Low breastfeeding rates in the United States is estimated to have a large economic cost when accounting for lost productivity and direct medical costs. The estimate rises when the lost health benefits of not breastfeeding are accounted for.⁷ Increasing rates of breastfeeding to meet the *Healthy People 2020* goals are estimated to reduce healthcare costs substantially.⁴ Locally, the cost savings has not been calculated. However, employers, healthcare providers, and families would presumably all benefit economically from increased rates of breastfeeding.

Healthy People 2020 has set target goals related to breastfeeding longevity and exclusivity that are considered achievable and meant to increase infant opportunity for optimal outcomes. The targets set by *Healthy People 2020*, listed in Table 1, and aimed for by California are meant to be interim goals with ultimate targets being as close to 100% as possible.

Table 1

Healthy People 2020 Maternal Child Health Objective 21	Target
Increase the proportion of infants who are ever breastfed	81.9%
Increase the proportion of infants who are breastfed at 6 months	60.6%
Increase the proportion of infants who are breastfed at 1 year	34.1%
Increase the proportion of infants who are breastfed exclusively through 3 months	46.2%
Increase the proportion of infants who are breastfed exclusively through 6 months	25.5%

EXISTING BREASTFEEDING PROMOTION EFFORTS

First 5 Fresno County

F5FC’s BFF Campaign includes:

- **BFF Mini-Grant Program** which offers financial support and guidance for agencies and businesses to create a breastfeeding friendly space.
- **BFF Community Initiative** encourages all community organizations, businesses, etc., who partner with F5FC to display BFF logo and support the right of women to breastfeed in public.
- **BFF Express** is a customized trailer that is taken to large community events with staff support, as requested, and serves as a space for private breastfeeding.
- **Welcome Baby Bags** are distributed to women admitted for delivery at four Fresno County hospitals. These bags serve as a replacement for formula bags and include information on breastfeeding.

Other Agencies

Fresno County Department of Public Health’s Maternal, Child, and Adolescent Health (MCAH) Program tracks progress and assists local hospitals with achieving Baby Friendly

Hospital (BFHI0 designation. State regulations require that hospitals achieve the designation or otherwise follow the recommended 10 steps by 2025. Local hospitals have adopted various steps but have not completed the designation at this time in part due to the intense staff training requirements.

MCAH's other breastfeeding promotion efforts include **Nurse Family Partnership (NFP)**, **Black Infant Health (BIH)**, **Babies First**, and the **Breastfeeding Task Force (BFTF)**. NFP offers care and support to women in their first pregnancy through an infant's second birthday. BIH offers care and support to African American women from pregnancy through one year post-partum. Babies First offers parent support during any pregnancy specifically for high-risk women and infants.

The BFTF is hosted by MCAH and made up of stakeholders in breastfeeding promotion. The goal is to increase the number of infants breastfed through one year of age. The Task Force meets on a regular basis and is responsible for coordinating the Annual Breastfeeding Awareness Walk, which increases visibility of local breastfeeding efforts. The BFTF has compiled and shared a [list of local](#) breastfeeding resources available in the area.

Community Regional Medical Center through its **Mothers' Resource Center (MRC)** offers classes, support groups, and consultations on an outpatient basis. The MRC refers medical breastfeeding concerns to the Center for Breastfeeding Medicine, has a small store for employees, patients, and the public, and is available to any post-partum individual. There are fees for services at MRC with some services offered at a discount if the client meets income restrictions. MRC partners with obstetric providers to offer *ABCs of Breastfeeding*, a curriculum meant for women receiving prenatal care to encourage higher rates of initiation and duration of breastfeeding.



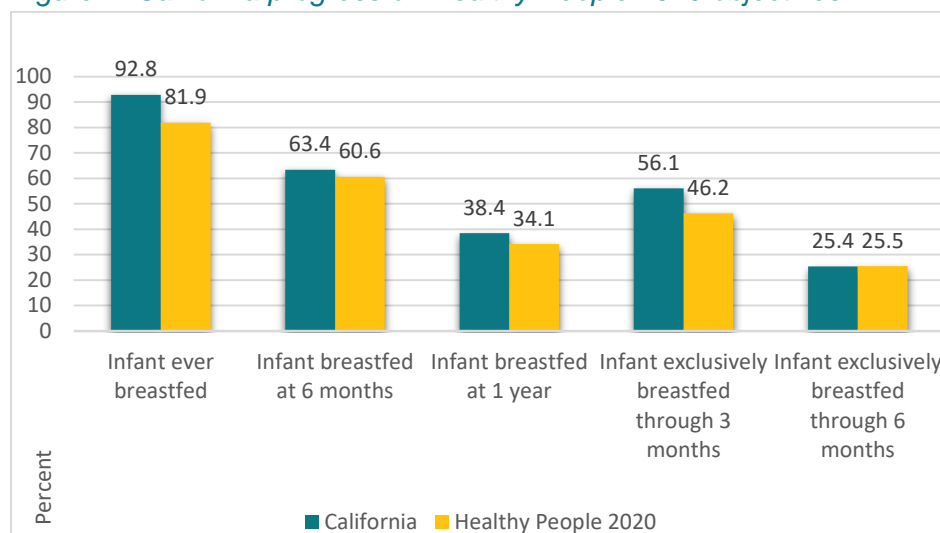
Women, Infants, and Children (WIC)'s three branches in Fresno County serve a large number of women and offer consultations, education classes, peer counselors, and support groups. Participants in focus groups noted that WIC was very helpful in encouraging and assisting with breastfeeding concerns. There were reports of inconsistent access to breast pumps through WIC, a cause of frustration women reported, especially when returning to work or school.

RESULTS

Quantitative Methods and Findings

Quantitative data used for this project is from county, state, and national sources. Figure 1 is collected from *Healthy People 2020* and represents 2011 California rates for MCH Objective 21, measures shown in Table 1 above. California exceeds the target on all but one category. California breastfeeding surveys reveal the state met *Healthy People 2020* milestones in 2011, with the exception of "infant exclusively breastfed through 6 months" at 0.1 percent less than the objective goal.

Figure 1: California progress on Healthy People 2020 objectives

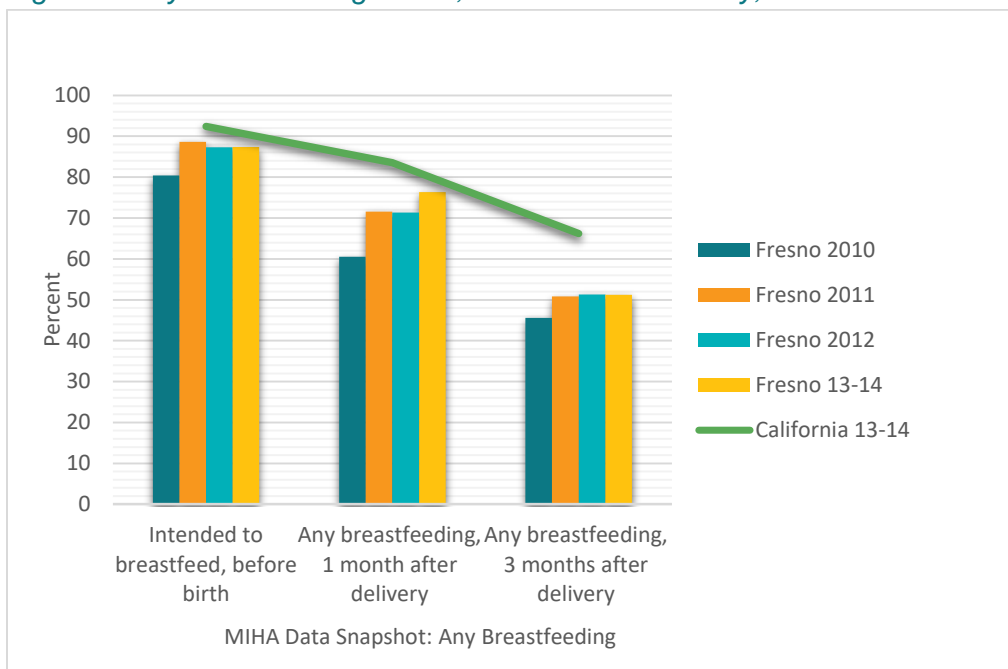


Data Source: National Immunization Survey (NIS); Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases and National Center for Health Statistics (CDC/NCIRD and CDC/NCHS) Retrieved from HealthyPeople.gov

Fresno County rates for each of these *Healthy People 2020* objectives is not available for comparison due to inconsistent measures across data sources. California Department of Public Health Maternal and Infant Health Assessment (MIHA) Survey collects “exclusive breastfeeding, 3 months after delivery” and shows only 18.2% of mothers in Fresno County report exclusive breastfeeding three months post-partum in 2013-2014. This number has been steady but remains well below national goal of 46.2% of infants being exclusively breastfed through three months.

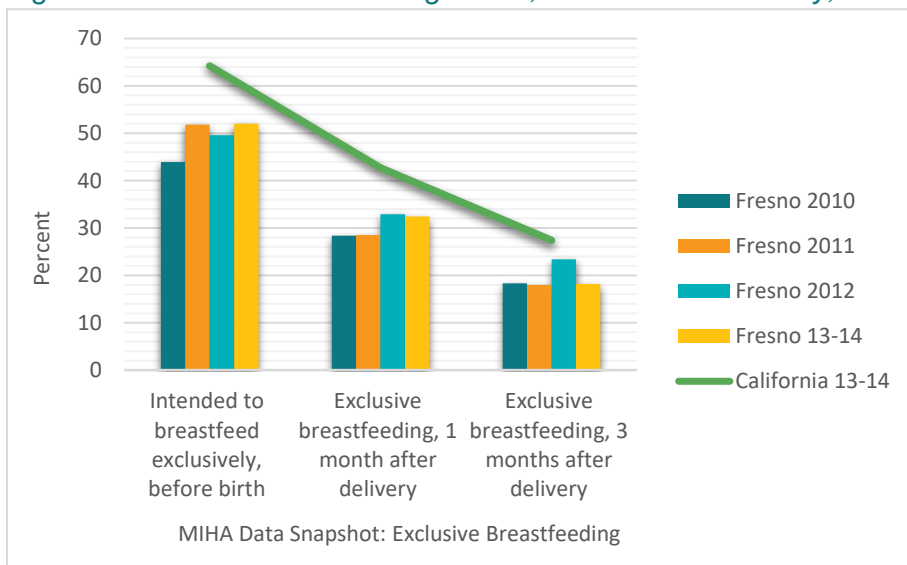
MIHA is an annual population based survey, and each year represented in Figure 2 and 3 has a Fresno County sample size of less than 500 women. Figures 2 and 3 reveals rates in Fresno County at each assessed milestone are lower than the state averages. Figure 2 survey assessed breastfeeding that included supplementation with formula while Figure 3 assessed exclusive breastfeeding rates.

Figure 2: Any breastfeeding: intent, 1 month after delivery, and 3 months after delivery



Source: California Department of Public Health Maternal and Infant Health Assessment (MIHA) Survey

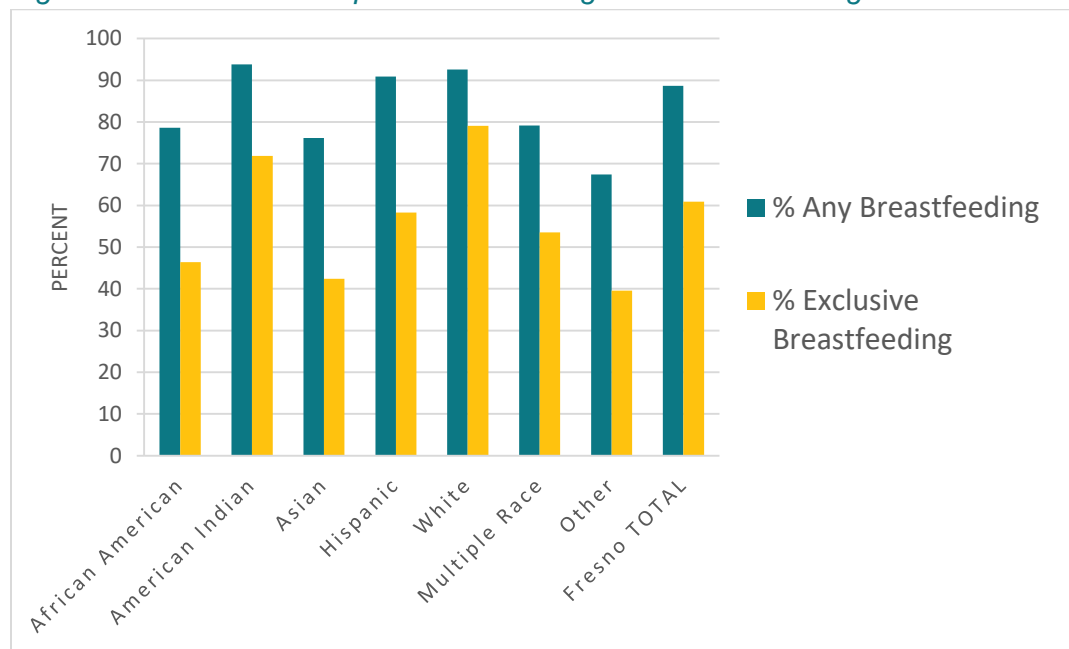
Figure 3: Exclusive breastfeeding: intent, 1 month after delivery, and 3 months after delivery



Source: California Department of Public Health Maternal and Infant Health Assessment (MIHA) Survey

California in-Hospital Breastfeeding is tracked on the Newborn Screening Test Form and is available by race and ethnicity for 2015, shown in Figure 4. This data is assessed 24-48 hours post hospital birth. “Any breastfeeding” includes exclusive feedings and supplementation with formula to any degree. Exclusive breastfeeding refers to no administration of infant formula.

Figure 4: California In-Hospital Breastfeeding/Newborn Screening Test Form



California In-Hospital Breastfeeding is tracked on the Newborn Screening Test Form and is available by race and ethnicity for 2015. Figure 4 demonstrates the continued use of formula with infants during hospitalization following birth. Fresno County falls below California in each racial and ethnic group for this measure.

Fresno County’s Department of Public Health’s MCAH Program tracks breastfeeding among clients served in the Nurse-Family Partnership and Babies First programs. The data is displayed in Table 2.

Table 2 Fresno County Department of Public Health 2016 client data

Breastfeeding at:	Any Breastfeeding	Exclusive breastfeeding
14 days after delivery	50%	37%
2 months after delivery	34%	10%
6 months after delivery	14%	13%

Fresno County Department of Public Health’s NFP, Babies First, and MCAH programs collected data on 155 clients who experienced delivery in 2016. Eighty one percent of these clients initiated breastfeeding.

Qualitative Methods and Findings

Focus Groups

Three two-hour focus groups were conducted with women in Fresno County; participants were compensated for their time. The first focus group was in a rural setting with five Spanish speaking women, recruitment for this focus group was through a flyer posted at a rural Women, Infant, and Children (WIC) office, and the meeting was held on that campus in a non-clinical area for ease of participation. A Spanish fluent research assistant conducted this focus group and Spanish fluent intern took detailed notes. The second focus group consisted of 12 Hmong women who were comfortable communicating in English. The Fresno Center for New Americans assisted with this recruitment and hosted the group. The participants were a mix of clients at the Center and peer counselors/employees, all but two of whom were mothers. CVHPI staff facilitated this focus group. The third focus group consisted of nine African American mothers. The recruitment for this focus group occurred through WIC and the BIH program and the focus group occurred at a neutral location. To ensure cultural sensitivity, the advisory group recommended an African American peer counselor to facilitate this focus group. Children were welcome to attend all focus groups to enable more participations and were provided with activities while their mothers participated.

To evaluate F5FC's BFF Campaign program and local promotion efforts, focus group and interview questions were developed and then reviewed by the Advisory Group and experienced researchers, see Appendix A. The participants had the BFF Campaign described to them prior to asking questions and were shown visuals of the relevant BFF Campaign items. In addition to questions surrounding the accessibility, utility, and visibility of F5FC breastfeeding promotion efforts participants were asked questions surrounding when they decided to breastfeed or not, what factors influenced their decision, and what needs they had related to breastfeeding promotion that were unmet.

Focus group participants in Fresno County agree breastfeeding is difficult, and not all the women participating had breastfed with some not initiating and some not continuing through their intended timeframe. A variety of reasons for not initiating breastfeeding were reported including general discomfort with the idea, physically uncomfortable with their own bodies, and no exposure to ideas that led them to believe that breastfeeding was an acceptable method of feeding an infant. Women who reported discontinuing breastfeeding sooner than intended cite familial and societal pressure that declared breastfeeding was not acceptable, difficulty with the act of breastfeeding, a lack of professional support, concerns over the growth rate of the infant, an inability to produce enough milk, and lack of support from employers and caregivers upon returning to work. Participants who breastfed at all reported a variety of rationales for persevering including general desire to bond with the infant, providing optimal nutrition, encouragement by providers, having witnessed breastfeeding as a normal experience in their broader culture. Intent to breastfeed was determined prior or during pregnancy or immediately post-partum, this varied greatly among participants and makes targeting promotion efforts challenging.

Throughout the evaluation, inconsistency came across as a theme. Inconsistent exposure and access to promotion efforts, inconsistent utilization of existing resources, and inconsistent

education around and responses to breastfeeding. Women reported inconsistent access to lactation consultants while inpatient and after discharge access to resources were varied and often less accessible than desired. Availability and financial coverage of pumps is unclear to many women and affects their ability to sustain breastfeeding after returning to work. Exposure to myths around breastfeeding and inconsistent guidelines for safely breastfeeding cause confusion for women who consider or are breastfeeding. Table 3 summarizes major themes from focus groups with women and meetings with service providers.

Table 3: Themes

Focus Groups with Mothers	Interviews with Service Providers
<ul style="list-style-type: none"> • Limited exposure to breastfeeding education and visuals before and during pregnancy, delivery, and post-partum attaches stigma and confusion to breastfeeding. • Inconsistent support from family, partner, and professionals, limits breastfeeding success. • Returning to workforce limits ability to continue breastfeeding. • Lack of access to nursing spaces in public limits duration of breastfeeding. 	<ul style="list-style-type: none"> • Fresno County women need culturally sensitive breastfeeding education, promotion, and supporters. • Local medical community needs to consider breastfeeding the norm and provide appropriate advertising, support, and education. • Local women are not utilizing promotion efforts, outreach must change. • Organizations leveraging resources will benefit Fresno County women.

Inconsistency in education and access to resources was a strong theme in all focus groups. Education from providers during the prenatal stage is reported to be infrequent and information around breastfeeding tends to be based on anecdotal experiences from family, friends, and healthcare providers. Participants reported there are missed opportunities to educate women on the importance, benefits, and techniques of breastfeeding while they are waiting for prenatal care appointments. While reading material on contraceptive options were plentiful, most reported no pamphlets or flyers discussing breastfeeding available at their provider’s office.

Across the focus groups, participants all noted that they would like to see public imagery of racially diverse women breastfeeding. Participants believe that increasing the visualization of breastfeeding will reduce the stigma they feel and encourage sustained practices. It was especially important in all of the focus groups that imagery, media campaigns, and education are all done using culturally sensitive methods.^{8,9} Imagery in breastfeeding promotion efforts should include women that represent the racial and ethnic makeup of Fresno County and consider cultural contexts.

Fresno County women want support groups that allow for development of community and fellowship with other women. Shared experiences are desired, especially when experiencing the stresses of caring for an infant. Participants also reported that their breastfeeding initiation and continuation were closely linked to the support they received from their partners, parents, and

caregivers of the infants. This support is especially important as caregivers and partners were reported by the participants to be the catalyst to switching to exclusive formula feedings during their return to work. Women reported that their support systems believe the infant is harder to soothe or not eating adequately without consistent access to nursing and as such encourage formula. The views shared have been reflected in the literature demonstrating support groups and education for those who influence women can increase buy-in and support of these important influences.¹⁰ A multi-generational approach to promotion efforts is important as many grandparents are responsible for the care of the infant when women return to work and are important influences on the decision to initiate breastfeeding; this was reflected across the literature, focus groups, advisory groups, and interviews.

Participants understand there are legal protections allowing them to nurse in public but are unaware of the details of such regulations. California Civil Code states, “Notwithstanding any other provision of law, a mother may breastfeed her child in any location, public or private, except the private home or residence of another, where the mother and the child are otherwise authorized to be present.” Access to private spaces in public venues including stores and social events was mentioned as a need. In addition, women need support from lactation professionals during and after discharge from hospital setting, often outside of business hours. The presence of myths and inaccurate information around breastfeeding came through in all focus groups. Need for clarity surrounding alcohol, tobacco, and medication consumption during breastfeeding was expressed. Additionally, inconsistent understanding of infant behavior, growth patterns, and stomach size led to supplementation with formula or discontinuation of breastfeeding entirely. Additional results from the focus groups and interviews are available in Appendix B.

“I would get frustrated a lot because you cannot give them as much as you want them to be eating.”

Advisory Group and Service Providers

An Advisory Group was formed at the beginning of the project to ensure that collaborative decision-making would occur throughout the project. The Advisory Group, met three times and was made up of stakeholders, many representatives of organizations throughout the area with direct experience working with a population of new mothers, breastfeeding promotion, lactation consultation, or public health. Participants in the Advisory Group also included representatives from area hospitals, medical practices, local WIC offices, Fresno County Department of Public Health, BIH, March of Dimes, and Fresno Center for New Americans.

A survey was created and distributed to the Advisory Group (with eight responses) via Survey Monkey to serve as an asset map and inquire about gaps in breastfeeding promotion efforts. Additionally, interviews were conducted with seven community stakeholders that work for agencies that include breastfeeding promotion efforts including the Department of Public Health and area hospitals. The results of these surveys and interviews are summarized below.

The Advisory Group and organizational representatives that were interviewed reflected similar concerns and observed many of the situations that community members raised throughout the focus groups. Community organizations report underutilization of promotion efforts. Support

*On difficulties transitioning back to the workplace:
 “Can’t nurse because the baby won’t take the bottle then when you are gone [at work or school] and may starve.”*

groups that have little to no attendance cannot support the staffing costs to continue them while women report needing support groups and are not aware of their presence. Fresno County women want and need to feel breastfeeding is normal, encouraged but not be mandated to breastfeed, and supported with access to resources to maintain the practice and ensure their infants thrive.

RECOMMENDATIONS

Pregnancy experiences that affect the initiation, duration, and exclusivity of breastfeeding include the prenatal period, post-partum time, and returning to work. Ensuring that women have access to resources, education, and support during each of these times is critical to reach local breastfeeding goals. Following collection and analysis of available data, the recommendations were created with the input of the Advisory Group that address three main categories: increase breastfeeding awareness, improve service coordination, and policy approaches. First 5 Fresno County, like other agencies, has limited capacity to manage all-encompassing breastfeeding promotion efforts. To that end, recommendations included are for F5FC’s direct action, advocacy efforts, and opportunities for other local agencies to positively impact breastfeeding promotion efforts. These recommendations include Tiers 1, 2, and 3 of F5FC’s 2013-2020 Strategic Plan and encompass all stages of pregnancy which has been shown to improve breastfeeding rates.¹¹ Implementing any or all of the suggested recommendations may maximize community partnerships, improve community wide efforts of breastfeeding promotion, and improve children’s health outcomes through increased rates and duration of breastfeeding. Table 4 is a summary of recommendations for all local relevant agencies that are further explained below.

Table 4: Summary of Recommendations

Identified Barrier	Possible Actions
Existing promotion efforts underutilized	<ul style="list-style-type: none"> • Partnership with healthcare providers who serve pregnant and post-partum women and infants to share existing resources with public. • Dedicated staff member to following through with breastfeeding promotion efforts, ensuring collaboration between agencies, and assist with Baby Friendly Hospital Initiative progress locally.

	<ul style="list-style-type: none"> • Promotion of existing promotion efforts that serve women and are underutilized including NFP, BIH, and MRC. • Support the BFTF, update mission, provide policy resources, and reinvigorate goals to maximize impact of promotion efforts.
Resources not available to women	<ul style="list-style-type: none"> • Welcome Baby Bags: Re-launch initiative with bags and distribution modified to meet needs of Fresno County mothers • Partnership with healthcare providers who serve pregnant and post-partum women and infants to train their staff as breastfeeding advocates, peer counselors and offer breastfeeding promotion visualizations in their spaces.
Low community awareness and support	<ul style="list-style-type: none"> • Local partnership of stakeholder agencies to create a community wide training of breastfeeding “supporters/peer mentors”
Limited local data	<ul style="list-style-type: none"> • Data strengthening through coordination with local hospitals and agencies that serve women and policies that can combine the collective impact of all local initiatives affecting breastfeeding promotion.

BFF Liaison

Fresno County has a number of breastfeeding promotion efforts through various agencies. At this time there is no one system to bundle these efforts together to best maximize their utilization. F5FC should consider dedicating a full-time staff member (BFF Liaison) to linking promotion efforts, increasing utilization of existing efforts, and to assisting local hospitals in becoming Baby Friendly. This role would service to increase breastfeeding awareness, improve service coordination, and approach promotion efforts through policy. The BFF Liaison could partner with MCAH to serve an active role on the BFTF to reengage stakeholders, reassess the mission of the Breastfeeding Task Force, and renew energy around local efforts. The Department of Public Health MCAH has had a part-time staff member allocated for the Task Force in the past with that role recently vacated this is a key-time for partnership. If MCAH fills that role again it could serve the function of BFF Liaison though the role would be most effective as full time. Combining agency efforts would allow for the BFF Liaison role to be managed and fiscally shared by both F5FC and MCAH in consideration of capacity and funding limitations.

Short-term roles of the BFF Liaison will include working with the Task Force closely to determine all stakeholders’ roles and goals. This role will include connecting all existing efforts to one another and to the community members they are meant to serve, increasing access and utilization of existing efforts. The below recommendations for connecting with providers, assessing Baby Friendly Hospital progress, promoting existing efforts and data strengthening can all be organized by this dedicated staff member.

Long-term a BFF Liaison will be responsible in large part for strengthening the core of local breastfeeding promotion efforts; ensuring Fresno County women have access to breastfeeding education, resources, and support and that promotion efforts are maximally utilized. The BFF Liaison, through coordination of services and on-going collection of consistent breastfeeding measures will ensure F5FC and the Department of Public Health are in a position to determine the appropriate policy work that is needed to ensure optimal childhood outcomes as they relate to breastfeeding. This role will provide continuity to on-going breastfeeding support and promotion efforts, offer guidance on the topic to the community, providers, and supporting organization, and demonstrate leadership in community advocacy for breastfeeding support.

It is essential that a dedicated staff member take on the responsibilities described in this role. Doing so would streamline the local process of increasing breastfeeding awareness, improving service coordination and modifying policies to support breastfeeding.

[Engage in Breastfeeding Task Force](#)

The BFTF is a valuable collection of local stakeholders, and regardless of F5FC dedicating staff for breastfeeding promotion efforts there should be active participation in the Task Force. The BFTF has recently released a Resource Directory that serves as a list of comprehensive promotion efforts. This can be promoted by F5FC and these resources should be made known to local residents through promotion on websites, social media, and marketing outreach done by any agency serving infants and women during and after pregnancy. Local resources should be added to smartphone applications such as latchME, which allows women to search for local resources. It was evident in the focus groups that women need access to existing resources but don't always know how or where to access them. Ensuring internet presence of all local breastfeeding promotion efforts and resources may increase their utilization, and in turn, efficacy. Engagement in the BFTF can serve to increase breastfeeding awareness, improve service coordination, and delve into what if any policy modifications F5FC can support county-wide.

Active participation in the BFTF shows intentional support of all local stakeholders and county-wide promotion efforts. Presently, the Task Force coordinates and promotes the Annual Breastfeeding Awareness Walk and is in a position to coordinate other community wide promotion activities. F5FC's presence on the Task Force could be a catalyst for invigoration and reevaluation of the Task Force's mission and goals and can provide support for policy changes.

Data Strengthening

Future evaluations of breastfeeding promotion efforts will be well served by access to data with consistent measures. F5FC is in a position to encourage inter-agency consistency with data collection and sharing, an effort the BFF Liaison could coordinate and support. Local data



strengthening is critical for all parties that assess breastfeeding rates and duration to accurately measure the effectiveness of promotion and support efforts. The BFTF may consider this an initiative worthy of focus given the participation of numerous stakeholders whose agencies collect data. The effort to ensure consistency in measures and measurements will likely vary between all agencies that collect data on breastfeeding lengths of time and exclusivity or supplementation. Potential partners include local

hospitals, WICs, pediatricians, and the Department of Public Health. It is recommended that the measures be in line with what is collected for national *Healthy People 2020* standards or state Maternal and Infant Health Assessment standards. Data strengthening will occur when agencies collecting data use the same measures and similar collection methods, allowing shared data to be used by all stakeholders in an effort to quantitatively assess promotion and support efforts' success. This recommendation does not necessitate one agency collect all data but rather that each agency that collects breastfeeding data on the women they serve share results and utilize measures that are consistent with others collecting data.

Welcome Baby Bags

Implementing the recommended partnership between F5FC and MCAH is an opportunity to address the limits in capacity and funding by partnering in a re-branding and re-launching of the Welcome Baby Bags. The BFTF may be in a position to suggest agencies that can support the sustainability of the Welcome Baby Bags as a breastfeeding promotion effort.

Welcome Baby Bags are well received by mothers and community partners. However, they are inconsistently received by women and the resources inside often go unviewed during hospitalization, these factors do not allow a determination of the effectiveness of the Bags. Based on feedback from focus groups it is recommended to amend the contents to include:

- A list of local resources and common breastfeeding myths/stigmas in magnet, sticker, or other easy to keep track of forms will meet the needs of local mothers.
- Including education on infant stomach size, expected growth patterns, behavioral cues, and alcohol, tobacco, and medication consumption which are commonly reported misunderstandings that lead to supplementation or cessation of breastfeeding may increase longevity of exclusive breastfeeding.
- Including resources from the U.S. Department of Labor on Fair Labor Standards Act may empower women returning to work to delay supplementation.

A suggestion that was repeated across focus groups was the potential for the Welcome Baby Bag to be redesigned to include visualization of breastfeeding, perhaps a photo, and to be in a style that allows the bag to be utilized as a shopping tote. Ensuring that each facility is fully stocked with the Welcome Baby Bags and that they include additional well-received resources is vital to a successful initiative. To ensure that women have increased opportunity to review the resources and ask questions of their healthcare providers, it is recommended that they are distributed during the inpatient registration process at all participating hospitals. An additional check during discharge will ensure that those who missed the standard admission process are given a bag and provides an opportunity to review breastfeeding promotion with nursing staff once again before discharge. This process will require assessing the routine and needs at each participating facility separately to minimize disruptions in delivery of the Welcome Baby Bags to women.

A re-launch or re-branding of the Welcome Baby Bags with recommended changes and re-orientation to hospital staff can increase awareness and ensure that they are given out appropriately and gone over to anticipate any questions the recipient and family may have. This presents an opportunity to reeducate staff on the important cultural differences women and families experience surrounding breastfeeding. This recommendation could be implemented by the BFF Liaison role who would be in a position to gather resources for the new bags from various agencies, coordinate the re-launch and work with each hospital individually to educate staff on the new content and process for distribution. A re-launch of the Welcome Baby Bags could serve to facilitate Baby Friendly efforts of each facility if the contents and delivery are designed with this purpose in mind through consultation with hospital staff and the Task Force. Additionally, the Bags could contain a resource for providing feedback on the utility of the resources inside so that the promotion effort could be periodically assessed.

Increase Breastfeeding Awareness and Promote Existing Efforts

There are a number of promotion efforts that can be presented to medical providers and doing so in a succinct manner may encourage adoption of these efforts. F5FC, the BFTF, or the BFF Liaison should consider assisting medical providers who see women during pregnancy and who see infants in displaying breastfeeding promotion materials in their exam and waiting rooms. Materials are available for use through a variety of resources, some of which may be donated or obtained at low costs (Appendix C). Providers should be encouraged to include breastfeeding promotion visual advertisements including the ones available through Babies First Fresno if they have televisions on loop in their waiting areas. Providers should also be encouraged and connected with resources to have staff trained on basic breastfeeding promotion, support, and troubleshooting so that they may better serve their population.

Being mindful of the burden a medical practice encounters when being approached to engage in new activities, it is appropriate to streamline interruptions in their workflow and introduce all breastfeeding support and promotion efforts at once. During the approach to providers to increase visualization of breastfeeding with printed materials they can be encouraged to participate in the *ABC's of Breastfeeding* patient education that was developed by Department of Public Health and Babies First Fresno. Adaptation of this program by providers may ensure adequate prenatal education on the importance of breastfeeding, allow for assessment of intent to breastfeed, and increase local rates.¹² Partnering with the MRC which is beginning a similar initiative may reduce

redundancy. Encouraging, reminding, or providing readily accessible prompts for referrals to resources that include breastfeeding promotion efforts would be a valuable use of time during this encounter with providers. This encounter with providers may affect a women's choice to breastfeed and the duration an infant is breastfed. The described encounters can be facilitated by the BFF Liaison increasing breastfeeding awareness and access to promotion efforts and coordinating services.

F5FC's other initiatives should include breastfeeding promotion. Parenting classes can be modified to include breastfeeding education or support. Help Me Grow should include referrals to existing breastfeeding promotion efforts. Group Prenatal Care has been designed to include multiple modules on breastfeeding education and to connect participants with existing resources.

F5FC's presence and reputation in the community and media are valuable tools that can be leveraged to promote existing resources that are underutilized. BIH, MRC, and NFP all have capacity to serve more women than are currently enrolled. To ensure women are connected to the appropriate resources, a directory can be given to healthcare providers and on-going media campaigns may include these resources, which allow for self-referral. Partnerships in the community may lead to the creation of a breastfeeding 211 resource similar to that of United Way for other concerns. Increasing exposure to available resources and increasing utilization of these resources should be a priority for all breastfeeding stakeholders in Fresno County.

Community Peer Mentor Training

It is recommended that local stakeholder agencies partner to host a community wide breastfeeding promotion training. Participating agencies are not limited to, but may include, F5FC, all local WIC agencies, and the Department of Public Health MCAH Program. The purpose of this recommended training is to increase community presence of breastfeeding efforts, assist in changing the social norms and perspectives around breastfeeding, and increase the number of "peer counselors" that women have access to in the community. This recommendation arises from a literature review and the results of the focus groups and interviews. Women with access to peer support and mentors have increased lengths of exclusive breastfeeding.¹⁰ It is suggested that employees of healthcare providers that serve infants or women who are pregnant, post-partum, or returning to work participate in this training as these are times when intent to initiate, supplement, or continue exclusive breastfeeding is determined. Additionally, community members, neighborhood elders, childcare providers, students in health or nutrition studies should be invited to participate. Individuals who complete training will be able to serve as advocates and help women trouble shoot breastfeeding difficulties when access to a certified consultant is not available. Having access to support from a spouse or family member increases length of time of breastfeeding.¹³ This community wide peer mentor training should include individuals from all generations to increase support across family groups.

A training of this type could increase interest in breastfeeding promotion efforts and potentially provide the area with higher numbers of future lactation consultants or educators. It will be prudent to encourage the participation of minority individuals who can become breastfeeding advocates within their communities. This is especially important because minority women and infants often experience high rates of poor health outcomes and have lower rates of breastfeeding.¹⁴

BFF Community Initiative & Mini-Grant Program

Based on the evaluation and needs assessment, we recommend that F5FC continue the BFF Community Initiative/F5FC Funded Partner BFF Policy as it currently exists. The BFF Community Initiative is an excellent way to ensure partners support F5FC's strategic goals. The logo is an internationally recognized symbol and does not require modification as such. Increasing its visibility may include asking partners to relocate the logo and supplying them with a larger symbol as women did not report recognizing this in locations other than WIC offices.



BFF Mini-Grant Program is a valuable resource to assist agencies in creating a breastfeeding friendly space. F5FC should continue this effort but without dedicating funding, rather, consider encouraging and providing expertise and support to locations that wish to create lactation spaces. Providing access in more publicly utilized spaces will increase access to and visualization of the effort. Women in the focus groups reported needing space to breastfeed most commonly in their work place, and while out at restaurants and stores. F5FC should consider partnering with large employers, who may not require financial assistance to create space and provide adequate time to employees for lactation. If feasible, large businesses that see many customers should be encouraged to create spaces for use by employees and customers. Walmart stores and agricultural and food industry employers are key to be targeted. The ability to continue to breastfeed after returning to work is especially important for low income, hourly employees and single mothers.⁶ Partnering with large employers in Fresno County may lead to increased sustained rates of breastfeeding after women return to work.

BFF Express

The BFF Express does not meet the need of Fresno County women as it is currently utilized. The BFF Express logistically is difficult to utilize, which has limited its use. Participants in this project reported interest in utilizing the BFF Express but have not had occasion to see it in use. Increased frequency of use so that it becomes a staple at community events is only recommended if it is a fiscally sound decision. The BFF Express should not be operated if the costs causes a reduction in other F5FC BFF initiatives. F5FC should consider exploring opportunities to partner with local agencies to utilize the BFF Express as an outreach tool and resource to nursing mother. One option is licensing the BFF Express as a [Baby Café USA](#), or using a similar concept. The re-appropriation of the tool as an education, support, and breastfeeding space may allow for increased utilization and cost sharing with other agencies. This may include the BFF Express being managed by another agency entirely. The utilization of the BFF Express should be considered low priority as compared to other recommendations. Ultimately, it may be prudent to consider eliminating this promotion tool entirely.

CONCLUSION

As the agency that works tirelessly to ensure children each their full potential, F5FC is well-situated to make a positive impacts on the number of Fresno County infants who are breastfed. By increasing breastfeeding awareness, improving service coordination, and considering policy approaches there is potential to increase the opportunity for Fresno County youth to prosper.

The above presented recommendations should be considered by all appropriate agencies with the capacity to promote and support infants and their mothers. Breastfeeding stakeholders must collaborate to ensure that the children in Fresno County, their families, and communities have access to support and services that promote breastfeeding.

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APPENDIX A

F5FC Breastfeeding Effort Needs Assessment

Focus Group Guide

F5FC description: F5FC invests in efforts and programs to ensure the optimal health and development of all children ages 0-5 in Fresno County. One focus area of their work is breastfeeding promotion to ensure babies have the healthiest start in life. This focus group will help determine how well the program is accomplishing its goals and what other steps might be helpful.

F5FC's Breastfeeding Friendly Campaign includes: Welcome Baby Bags, Breastfeeding Friendly Express (a mobile van with space for nursing), Child-Friendly Business Awards, and mini-grants to help businesses accommodate lactating mothers.

Which of these efforts are you aware of, or have observed? If you have, were they helpful? If none, why not?

What recommendations do you have for improving these efforts?

Which of the efforts by First 5 would have encouraged you to breastfeed if you had been exposed? What other promotion efforts might have been helpful in their place?

What accommodations does your workplace provide for pumping/nursing?

Describe the space and time you have for pumping/nursing. What makes the space user-friendly – or not?

What signs have you seen in businesses to indicate they are breastfeeding friendly?

How have those signs affected your decision to breastfeed?

Which hospital did you deliver at? Did you receive a Welcome Baby Bag when you gave birth to your youngest child?

If so, what items or messages were in it? What items in the Welcome Baby Bag were helpful?

What other items would have been more helpful to be included in the bag to encourage your decision to breastfeed?

What services or information would be most useful for new moms to encourage breastfeeding?

Have you seen the Breastfeeding Friendly Express? Would you use this if it were at a community event?

Would its presence encourage you to nurse your child when you otherwise might not have?

At what point during your experience with pregnancy did you decide whether to breastfeed or not?

What could First 5 Fresno or other organizations do to promote breastfeeding? To make it easier?

What resources would you consider helpful for yourself or other mothers to increase the length of time of breastfeeding?

What other community programs have you heard about that support women breastfeeding that you think would be helpful in Fresno?

What motivated you/encouraged your decision to breastfeed or not?

Who supported you in your decision? Who would you have wanted to support you?

How could you have been supported better?

Individual Interview Questionnaire's Guide: Community Organization

F5FC description: F5FC invests in efforts and programs to ensure the optimal health and development of all children ages 0-5 in Fresno County. One focus area of their work is breastfeeding promotion to ensure babies have the healthiest start in life. F5FC's Breastfeeding Friendly Campaign includes: Welcome Baby Bags, Breastfeeding Friendly Express (a mobile van with space for nursing), Child-Friendly Business Awards, and mini-grants to help businesses accommodate lactating mothers.

Which of the First 5 efforts has your agency utilized? (If none – why not?)

Given what you know about the efforts of First 5 (as you've heard them described or interacted with them) do you believe they would be useful to mothers of infants in the population your organization serves?

What is your agency doing to support breastfeeding?

What do you think First 5 could do to support your agency or the population you serve?

What unmet needs does your agency have that affects its ability to support breastfeeding?

At what point during pregnancy do you work with mothers?

In your experience who are the biggest influences on the population you serve around the decision of whether to breastfeed?

What resources would you or your agency consider helpful for mothers to increase the length of time of exclusive breastfeeding?

What other community programs that support women breastfeeding are you aware of in Fresno?

Appendix B

Mothers Focus Group Results

Barriers to Breastfeeding	Breastfeeding Promotion Efforts Experienced
African American Women	
<p>Pregnancy: Not educated during prenatal care.</p> <p>Post-partum: Inconsistent exposure to inpatient lactation consultation staff. Cesarean section delayed breastfeeding initiation.</p> <p>Return to Work: Employer not allowing for adequate space or time to pump.</p> <p>Community: Uncomfortable breastfeeding in church and restaurants. Family and partners concerned about spoiling infant with on demand feedings. Breastfeeding is not readily acceptable.</p>	<p>Pregnancy: WIC is a valuable resource to women.</p> <p>Post-partum: BIH is a positive influence and valuable resource.</p> <p>Return to Work: Increased access to pumps is helpful but access is inconsistent through WIC and insurances.</p> <p>Community: First 5 commercials were seen but other media that alludes to breastfeeding was not witnessed.</p>
Hmong Women, English language	
<p>Pregnancy: No pamphlets available during prenatal visits. Medical providers do not have time for conversation so women feel discouraged from asking questions.</p> <p>Post-partum: Not educated on how to respond to complications with breastfeeding. Concerns surrounding newborns experiencing jaundice at higher rates with breastfeeding. Pain related to cesarean section limited ability to breastfeed.</p> <p>Return to Work: Limited spaces to nurse at work.</p> <p>Community: Limited public spaces to nurse. Cultural traditions around breast milk increase stress.</p>	<p>Pregnancy: Partner supportive of breastfeeding; traditional in family.</p> <p>Post-partum: At home follow-up with a nurse was helpful.</p> <p>Return to Work: Partners and care-takers are supportive of breastfeeding.</p> <p>Community: Breastfeeding space at the mall encourages mothers while allowing them to be social.</p>
Latina Women, Spanish Speaking	
<p>Pregnancy: Limited exposure to F5FC messaging and resources in general in rural areas.</p> <p>Post-partum: Instructions on using breast pump unclear.</p> <p>Return to Work: No access to lactation spaces in field work.</p> <p>Community: No private spaces to nurse/pump when out at social events.</p>	<p>Pregnancy: WIC and pediatrician encouraged breastfeeding.</p> <p>Post-partum: Partner support is helpful while breastfeeding.</p> <p>Return to Work: Pump from WIC helped extend breastfeeding time.</p> <p>Community: Family and peers breastfed, considered normal when it is possible.</p>

Social Service, Community Organization, and Provider Interview/Survey Results

- Critical to get women and their families to the table to create a breastfeeding promotion message that resonates with them and can be effective in increasing rates.
- Ensuring exposure to breastfeeding as a normal practice early in life and include education during prenatal visits will increase exposure to practice for those who don't see it in their communities.
- The public and women of child bearing age need access to success stories of babies exclusively breastfed to assist in normalizing breastfeeding.
- To successfully encourage breastfeeding culturally sensitive education and support is necessary to meet each women and community's needs.
- Local medical community needs to consider breastfeeding the norm and provide appropriate advertising, support, and education.
- Hospitals adopting Baby Friendly practices can provide a successful start to breastfeeding practice.
- A public campaign to market breastfeeding benefits to the community and promotion efforts that exist would be beneficial to the community at large.
- Women consistently express concerns around not producing adequate breast milk, not feeding their infant enough. This indicates a need for education on infant nutrient requirements, stomach size, and behavioral cues.
- Organizations combining resources will benefit Fresno County women.
- Many resources go underutilized by local women.

APPENDIX C

ABC's of Breastfeeding: Breastfeeding Education A Guide for You and Your Baby
English and Spanish guide adopted from BreastfeedLA.
Available from: Department of Public Health, Nursing & Babies First Fresno

Your Guide to Breastfeeding
Office on Women's Health
Available from: <https://www.womenshealth.gov/printables-and-shareables/resource/guides>
To order printed copies, call 1-800-994-9662 (TDD 888-220-5446).

Deciding How to Feed Your Baby: Making the breastfeeding choice during pregnancy
Brochure available in English and Spanish
Available from:
http://www.babiesfirstfresno.com/pdf/print/decidiendo_como_alimentar_a_su_bebe.pdf

Breastfeeding: A Fact Sheet From the Office on Women's Health
Available from: <https://www.womenshealth.gov/files/documents/fact-sheet-breastfeeding.pdf>

Break Time for Nursing Mothers Employee Rights Card
Available from: <https://www.dol.gov/whd/nursingmothers/nursingmotherscard.htm>

Family and Medical Leave Act Employee Guide
Available from: <https://www.dol.gov/whd/fmla/employeeguide.htm>

Business Care for Breastfeeding Toolkit
Available from: <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>

World Breastfeeding Week Posters
Available from: <http://www.who.int/mediacentre/events/2016/world-breastfeeding-week/en/>

Feeding Cue Posters
Available from: <http://breastfeedla.org/feeding-cues-posters/>

Fathers Can Support Breastfeeding Brochure
Available from: <https://www.fns.usda.gov/wic/fathers-supporting-breastfeeding>

Flyer "What grandparents can do to support a breastfeeding mother"
Available from: breaststart.org/grandparents.pdf

<https://www.womenshealth.gov/printables-and-shareables/health-topic/breastfeeding>