

STATE OF MICHIGAN BREASTFEEDING PLAN 2017-2019



State of Michigan Capitol, Lansing

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STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

August 14, 2017

Dear Colleagues:

I am pleased to introduce the State of Michigan's first Breastfeeding Plan. Breastfeeding is best for mothers because it decreases postpartum depression, osteoporosis, Type 2 diabetes, and breast cancer. Breastfeeding is best for babies because it decreases their risk of getting sick or dying. That reduction in infant mortality is the reason why breastfeeding support and promotion were identified in the strategies of the "2016-2019 Infant Mortality Reduction Plan." The State of Michigan Breastfeeding Plan builds upon the "Infant Mortality Reduction Plan" by outlining the specific goals and strategies needed to advance breastfeeding initiation, duration, and exclusivity. The goals of this plan contribute to Michigan's larger goals of improving health and wellness and aligns with the overall "2016-2018 Michigan Department of Health and Human Services' Strategic Plan" objective of ensuring children are healthy, protected, and supported.

The Breastfeeding Plan's strategies emphasize the unique collaborative efforts occurring throughout Michigan among our internal and external partners. The Plan strives to address the social determinants of health and health equity, and work to address health disparities in breastfeeding and infant mortality.

In order to ensure the State of Michigan Breastfeeding Plan was focused on collaboration, the Michigan Department of Health and Human Services (MDHHS) hosted two summits in Lansing and Marquette in the spring of 2016. Nearly 200 stakeholders attended representing employers; educational institutions; state, local, and tribal government; health care professionals and organizations; community organizations and members; and public health professionals. Participants were invited to identify priority strategies for supporting breastfeeding families. The ideas and suggestions from these summits form the basis of the State of Michigan Breastfeeding Plan.

Healthy mothers, babies, and families are the foundation for a healthier Michigan. It will take the entire state working together to achieve this goal. We look forward to your contribution as we work together to achieve our dream of creating an environment for all Michiganders to thrive.

Sincerely,

A handwritten signature in blue ink that reads "Nick Lyon".

Nick Lyon

ACKNOWLEDGEMENTS

Valuable input and guidance for this plan was received from key breastfeeding partners:

- Kiddada Green, M.A.T, founding executive director, Black Mother's Breastfeeding Association
- Nancy Heyns, RN, M.S., IBCLC®, LACCE, CFLE
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- Amy Zaagman, M.P.A., executive director, Michigan Council for Maternal and Child Health

Michigan Department of Health and Human Services

- Stan Bien, division director, Michigan WIC
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- Marji Cyrul, M.P.H., RD, CLS, breastfeeding coordinator
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- Paulette Dobyne Dunbar, M.P.H., manager, Women and Maternal Health Section
- Lonias Gilmore, M.P.H., senior public health consultant, Cardiovascular Health, Nutrition, and Physical Activity
- Pete Haak, project coordinator, Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal and Child Health Epidemiology Section
- Julie Lothamer, M.S., RD, IBCLC®, breastfeeding peer coordinator, Michigan WIC
- Jeff Spitzley, M.P.A., manager, Infant Health Unit

APPRECIATION

Thank you to the participants in the 2016 Breastfeeding Summits. Your input was vital to the formation of our state goals and strategies.

A sincere thank you to the mothers who **generously** allowed us to use their beautiful pictures in this document. Your contribution to breastfeeding in Michigan is invaluable.

State of Michigan Breastfeeding Plan 2017- 2019

Why **Breastfeeding** Matters:



Best for **Mother**

Reduction in postpartum **depression**

Improvement in bone mass density, reduction in risk of **osteoporosis**

Reduction in **cardiovascular disease**

Decreased risk of Type 2 **diabetes**

Reduction in breast and ovarian **cancer**

Breastfeeding is the normal, natural way to feed infants, and has many benefits for mother, baby and community.

Best for **Community**



Breastmilk is naturally **renewable**

No packaging, shipping or **disposal** required

Less wasted resources and no **pollution** created

Annual costs of formula feeding in the U.S.:
\$13 billion in pediatric health care

\$733.7 million in direct maternal morbidity and mortality

\$126.1 million in indirect morbidity



Best for **Baby**

Breastfeeding decreases an infant's risk of getting **sick** or **dying**

Breastfeeding exclusively for the first **6 months** and with complimentary foods up to **24 months** is the optimum goal for health

Risks of Formula Feeding



Increase in risk of **SIDS** and other sleep-related deaths

Increased risk of **obesity**

Decrease in **brain growth**

Increased risk of **asthma**

Increased risk of **ear infections**

Increase in lower **respiratory infections**

Healthy People 2020 Plan

to increase the number of infants that are breastfed nationwide



84.1% of Michigan mothers reported **EVER** initiating breastfeeding their infant

While Michigan, as a whole, surpasses the Healthy People 2020 goal of 81.9% for breastfeeding initiation, there are important disparities in initiation and duration that must be addressed

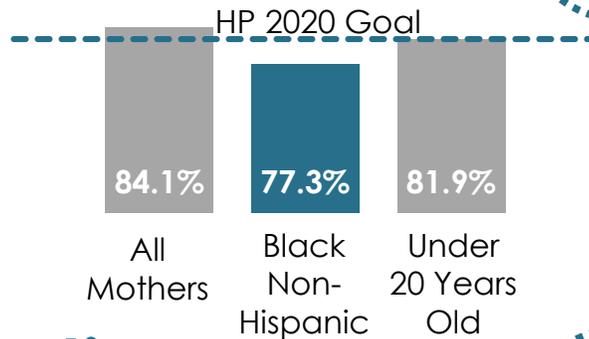


Where **Michigan** currently stands...

The **data**¹ below show the current state of breastfeeding in Michigan, highlight the **disparities** we face as a state, and serve as ongoing sources of data to track Michigan's **progress** and the **success** of the Breastfeeding Plan

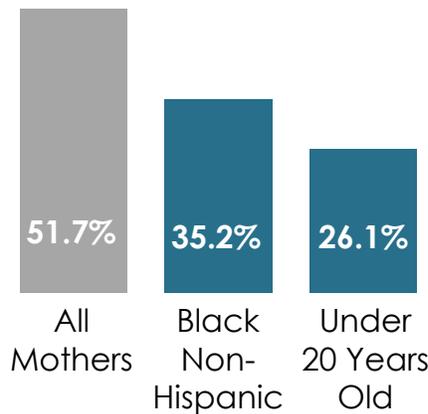
Initiation

Ever breastfed their baby



Duration

Breastfed their baby through 3 months



Top 4 Reasons Michigan mothers discontinued breastfeeding:



Perceived low milk supply



Too hard/painful/ time consuming



Difficulty latching



Baby not satisfied

¹ Michigan Pregnancy Risk Assessment Monitoring System, 2014

Breastfeeding Goals for Michigan



Key Strategies for Achieving Breastfeeding Goals

- 1** Eliminate disparities through support for family leave and childcare policies, culturally-responsive peer support, and a more diverse breastfeeding support workforce.
- 2** Advance breastfeeding rights through education of policy makers, and support for new and existing laws and policies that protect breastfeeding mothers and families.
- 3** Build community support for breastfeeding through the work of breastfeeding coalitions and increased access to breastfeeding support.
- 4** Change practices within hospitals, clinics, insurance companies, employers, and educational institutions through education, training, collaboration, and data collection.
- 5** Strengthen knowledge and skills with evidence-based education that prepares families to successfully breastfeed their infants in the hospital and upon returning to work or school.

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INTRODUCTION

Breastfeeding is the normal way to feed and give nutrition to infants, and the evidence shows that it provides many short- and long-term health benefits to mothers and babies. Therefore, it is an important public health issue.

The goals of this Breastfeeding Plan contribute to Michigan's larger goals of improving health and wellness. It aligns with the overall "2016-2018 Michigan Department of Health and Human Services' Strategic Plan" objective of ensuring that children are healthy, protected and supported.

Given that breastfeeding decreases the risk of infant mortality, breastfeeding support and promotion were identified in the strategies of the "2016-2019 Infant Mortality Reduction Plan". The State of Michigan Breastfeeding Plan builds upon the "Infant Mortality Reduction Plan" by outlining the specific goals and strategies needed to advance breastfeeding initiation, duration and exclusivity.

The Breastfeeding Plan's strategies strive to address the social determinants of health and health equity, and work to address health disparities in breastfeeding and infant mortality.

Marquette Harbor Lighthouse, Marquette



The Breastfeeding Plan sets the common agenda necessary for a collaborative approach among state, local and tribal government; health care professionals and organizations; employers; child care providers and educational institutions; community organizations; and, most importantly, individuals and families.

EVIDENCE BASE FOR BREASTFEEDING

A brief history of breastfeeding

Prior to the turn of the twentieth century, breastfeeding was the cultural norm in the United States, and the practice of breastfeeding infants, either at the breast of the mother or the breast of another lactating woman (wet-nurse), was nearly universal. The standard in the seventeenth century was to breastfeed until the child's second summer, and the norm in the eighteenth century was to breastfeed for a year.¹

Beginning in the late nineteenth century, new ideas in science and medicine began to raise doubts about the quality and quantity of breastmilk that women could produce.² Women, believing that breastfeeding was no longer the best way to feed their babies, began to turn to formula, what they and their doctors considered to be the more modern and scientific option. The use of formula by Black women was also impacted by the history of slavery and forced wet nursing, as well as other historical experiences of discrimination, especially concerning reproductive health.³

As a result, breastfeeding rates dropped dramatically until reaching the low point in the early 1970s, when breastfeeding initiation was around 25 percent, and by six months, only 6 percent of women were breastfeeding at all.⁴ With so few women breastfeeding, those who did want to breastfeed had difficulty finding information and support from medical providers, friends and family members.⁵

Recent research reverses the early twentieth century beliefs about breastmilk quality and quantity, allowing mothers and healthcare providers alike to move beyond the idea that formula is better than breastmilk. As a result, breastfeeding rates have increased substantially. However, there is still much work to be done to increase breastfeeding rates, and to change cultural beliefs, norms and expectations to support breastfeeding.



Photo credit: Black Mother's Breastfeeding Association

Exclusive breastfeeding is best for Michigan babies and children

Breastfeeding decreases an infant's risk of dying, and this decreased risk is seen in a dose-response relationship; the longer an infant is breastfed, the greater their chance of survival. Breastfeeding exclusively for the first six months and with complementary foods up to 24 months of age is the optimum goal for health.

Risks of formula feeding include:

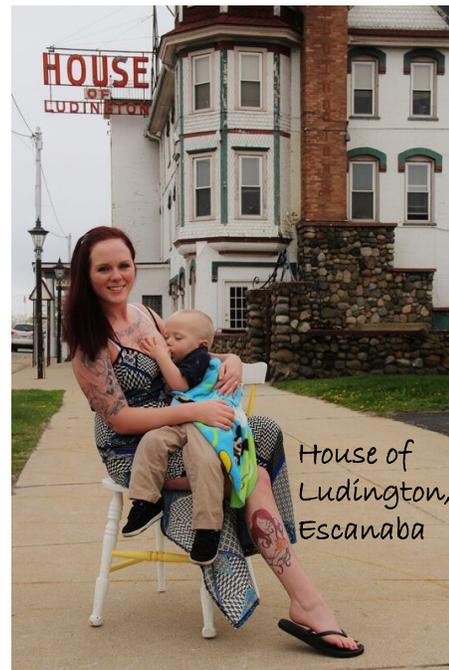
- Increase in infant mortality⁶
- Increase in Sudden Infant Death Syndrome (SIDS) and other sleep-related deaths risk⁷
- Increased risk for atopic eczema and cow's milk protein allergy⁸
- Increase in gastrointestinal infections, leukemia and necrotizing enterocolitis⁹
- Increase in lower respiratory infections¹⁰
- Increased risk of asthma¹¹
- Negative effects on mother-infant bonding¹²
- Increase in social, attention and aggression problems in early adolescence¹³
- Increase in the likelihood of acute otitis media (ear infections) for the first two years of life¹⁴
- Increased risk of obesity¹⁵
- Decrease in brain growth¹⁶

Breastfeeding is best for Michigan mothers



The positive effects of breastfeeding also extend to mothers. Benefits include:

- Reduction in postpartum depression
- Reduction in breast cancer¹⁷ and ovarian cancer
- Decreased risk of Type 2 diabetes
- Improvement in bone mass density¹⁸ with subsequent reduction in the risk of osteoporosis
- Reduction in cardiovascular disease¹⁹



The sheer number of studies on the impact of breastfeeding on mortality and morbidity demonstrate the importance of having a clear plan to advance breastfeeding practices.

Exclusive breastfeeding is best for Michigan communities

ENVIRONMENT: Breast milk is naturally-renewable, does not waste resources or create pollution, and requires no packaging, shipping or disposal. It decreases the amount of environmental pollution because feeding supplies (bottles, nipples, cans, containers, packaging materials) are not required.



COST: Formula feeding results in overwhelming economic costs to society:

- \$733.7 million in direct costs from maternal morbidity and mortality, such as the cost of medical care.
- \$126.1 million in indirect costs of morbidity, such as time lost from work.²⁰
- \$13 billion in direct and indirect pediatric health care costs.²¹

WORKFORCE PRODUCTIVITY: Employers who provide breastfeeding support, pumping rooms and storage refrigerators observe lower employee absenteeism and greater retention of valuable employees after the birth of their children.^{22, 23}



THE CURRENT STATE OF BREASTFEEDING IN MICHIGAN

There are several sources of data on breastfeeding in Michigan that provide valuable information about initiation and duration, barriers to breastfeeding, and maternity care practices. These data show the current state of breastfeeding in Michigan, and will serve as ongoing sources of data to track Michigan's progress and the success of the Breastfeeding Plan. The table below presents the U.S. Department of Health and Human Services Healthy People 2020 objectives for breastfeeding, along with the current rates for each objective for Michigan and for WIC clients, specifically.

Objectives	Healthy People 2020 Goal %	Michigan %	WIC %
Increase the proportion of infants who are breastfed:			
Ever	equal to or greater than 81.9	84.1 ¹	65.1 ³
At six months	equal to or greater than 60.6	51.6 ²	26.4 ³
At one year	equal to or greater than 34.1	31.8 ²	10.8 ⁴
Exclusively through three months	equal to or greater than 46.2	42.3 ²	13.8 ⁴
Exclusively through six months	equal to or greater than 25.5	26.6 ²	7.3 ⁴
Increase the proportion of employers that have worksite lactation support programs	equal to or greater than 38.0		
Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies	equal to or greater than 8.1	26.2 ²	
Reduce the proportion of breastfed newborns who receive formula supplementation within the first two days of life	equal to or less than 14.2	17.8 ²	

¹ Michigan Pregnancy Risk Assessment Monitoring System, 2014

² CDC Breastfeeding Report Card, 2016

³ Michigan WIC 2015 Pregnancy Nutrition Surveillance System (PNSS) State Report

⁴ Michigan WIC 2015 Pediatric Nutrition Surveillance System (PedNSS) State Report

Breastfeeding initiation and duration

While Michigan's initiation rates exceed the 2020 goal of 81.9 percent, duration is lagging behind. The Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) data (described in Appendix B) provide some information about when and why women stop breastfeeding. Although 84.1 percent of women initiated breastfeeding in 2014, only 51.7 percent of women were still breastfeeding at three months.

Surveyed women most often indicated the following reasons for stopping:

- Perception that they were not producing enough milk (54 percent).
- Baby had difficulty nursing or latching (35 percent).
- Perception that their breastmilk alone did not satisfy baby (33 percent).
- Breastfeeding was too hard, painful or time consuming (26 percent).

Although the goal is for women to exclusively breastfeed their infants for six months, we acknowledge that any increase in duration or exclusivity over our current rates is beneficial.



Mackinac Bridge, St. Ignace

The Baby-Friendly® Hospital initiative recognizes hospitals and birthing centers that provide evidence-based maternity care (see Appendix D). As of April 2017, Michigan has 12 Baby-Friendly® designated hospitals, and 17 hospitals on the path to Baby-Friendly® with 26.2 percent of births in Michigan occurring in Baby-Friendly® facilities.²⁵

An additional resource impacting breastfeeding initiation and duration in Michigan is Bronson Mothers' Milk Bank. The milk bank is one of 24 nonprofit milk banks in North America, and the only one operating in Michigan. It opened in 2006, and operates under the guidelines of the Human Milk Banking Association of North America.

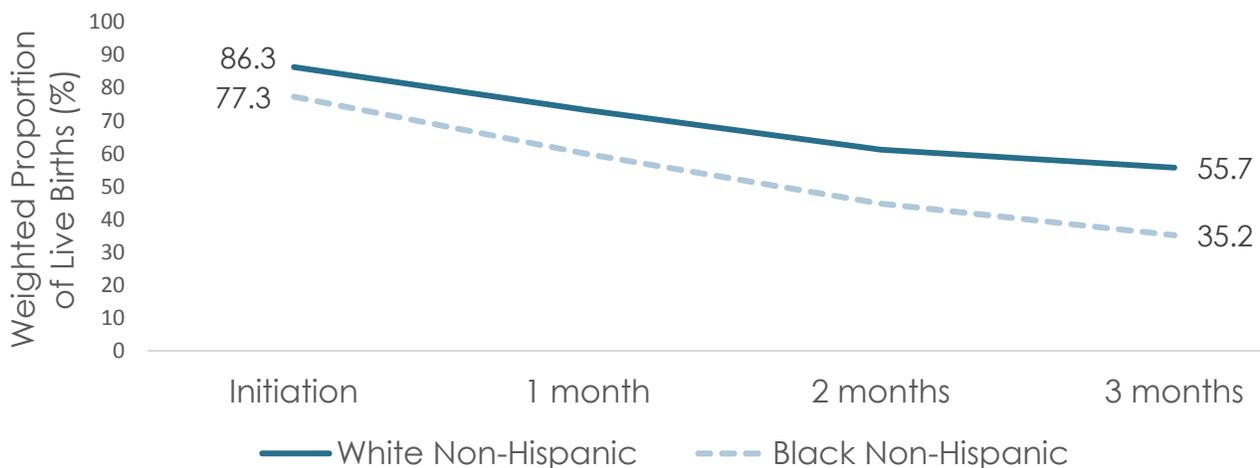
The milk bank provides pasteurized donor breastmilk to sick and premature neonatal intensive care unit infants and infants with a medical need for supplementation in both mother/baby units and as outpatients throughout Michigan. The growth of Bronson Mothers' Milk Bank has been phenomenal. In 2006, they dispensed 6,000 ounces. In 2016, they dispensed 199,000 ounces.

Breastfeeding disparities

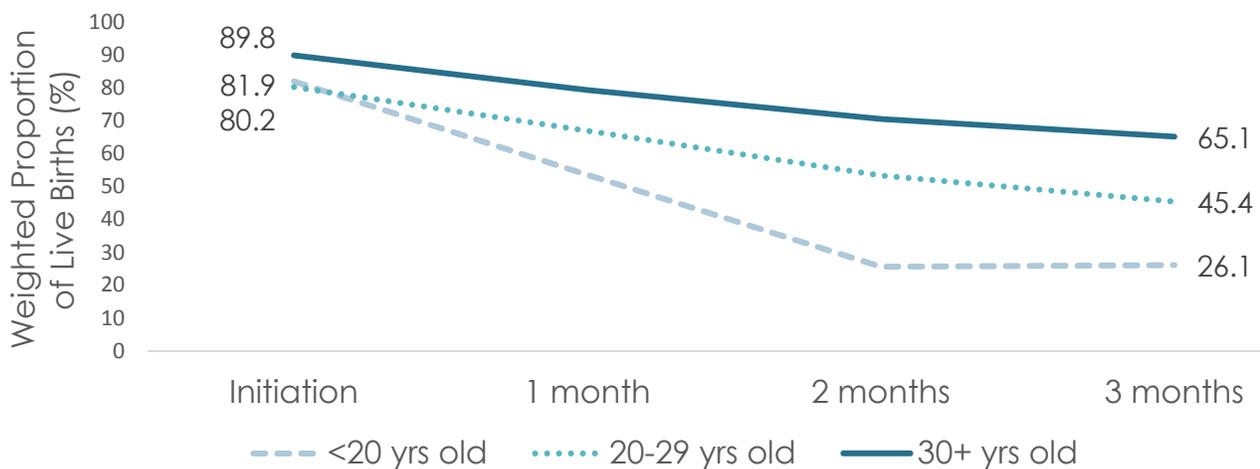
There are clear disparities in Michigan's rates of breastfeeding initiation and duration. WIC clients lag behind on initiation and duration, with a 50 percent drop-off by six weeks postpartum (64.8 percent to 31.8 percent).²⁶

Black women report the lowest rates for initiation and duration. Mothers who are under 20 years old initiate breastfeeding at similar rates to older mothers, but fall far behind in duration by two months postpartum.

Racial Disparities Exist in Initiation and Duration¹



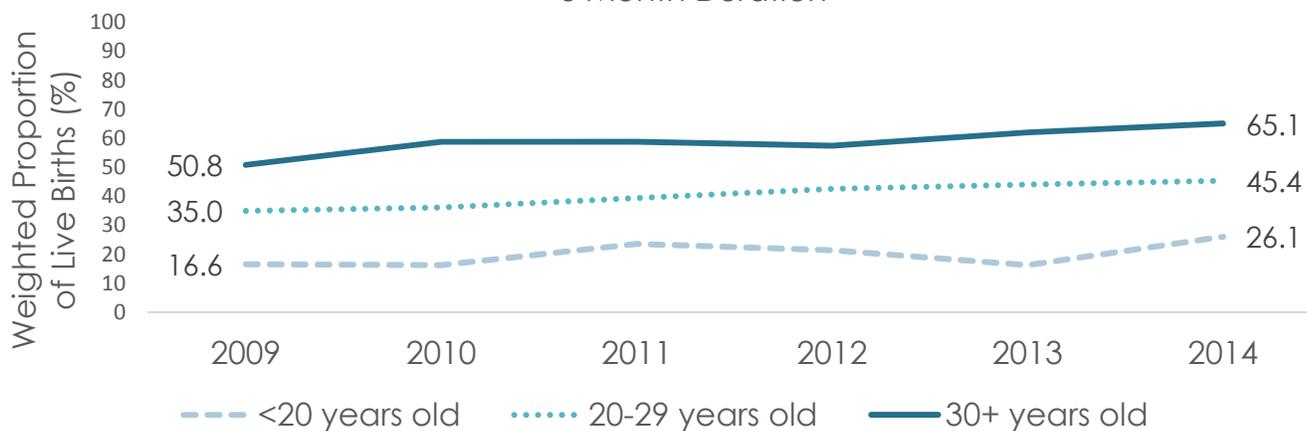
Age Disparities Exist in Breastfeeding Duration¹



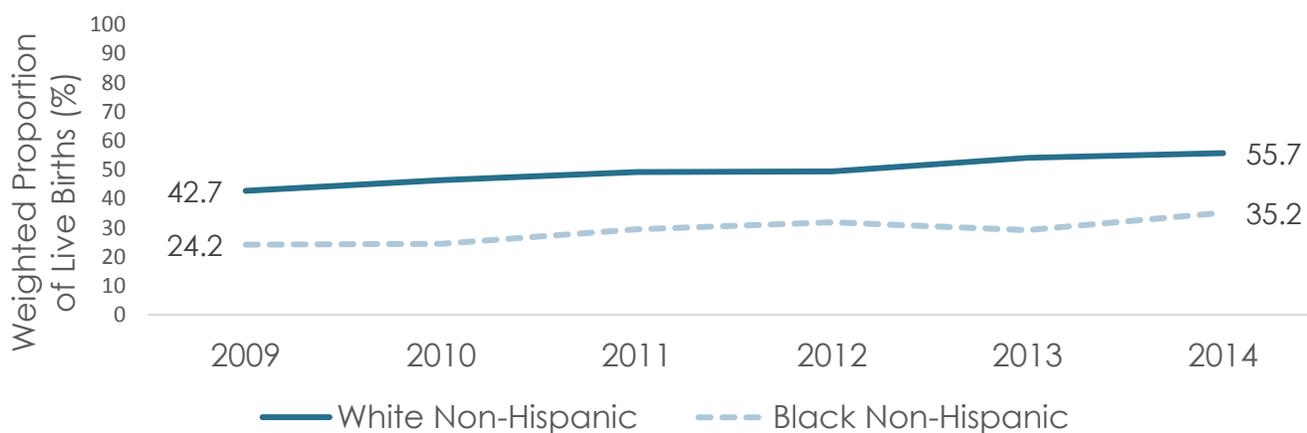
¹ Pregnancy Risk Assessment Monitoring System (PRAMS) 2014

Furthermore, these disparities have persisted over time, indicating that these gaps have not been adequately addressed.

Age Disparities in Duration Have Persisted Over Time¹ 3 Month Duration



Racial Disparities in Duration Have Persisted Over Time¹ 3 Month Duration



¹ Pregnancy Risk Assessment Monitoring System (PRAMS) 2014

Disparities in breastfeeding rates are reflective of health inequities. They are not random differences, nor the result of individual choices. They are the result of systemic conditions and injustices. Breastfeeding is impacted by the conditions in which people live, learn, work, and play. For example, the reasons for Black women's lower breastfeeding rates include the history of slavery and forced wet nursing, racial discrimination, lack of social support and role models for breastfeeding, and the fact that Black women return to work earlier and have less flexible work conditions.²⁷ Women of color are also more likely to live in under-resourced neighborhoods or "First Food Deserts" that lack breastfeeding supports such as Baby-Friendly® hospitals, support groups, and lactation consultants.²⁸

Therefore, any work to address these disparities must look beyond the individual to the social conditions and institutional or governmental policies and practices that discourage or support breastfeeding. Every woman and her family should have the opportunity to make the choice to breastfeed for as long as they would like.



Miracle Park, Southfield

MICHIGAN'S 2017-2019 GOALS AND STRATEGIES TO ADVANCE BREASTFEEDING PRACTICE

Each goal and its strategies are organized based on an adaptation of the ecological model for health promotion:²⁹

Public Policy – policy priorities at the local, state, national, and tribal levels.

Community – strategies designed to impact relationships among organizations, institutions and informal networks.

Institutions and Organizations – strategies that influence organizational characteristics, rules and regulations.

Individual and Interpersonal – strategies that influence individual characteristics, such as knowledge, attitudes and behavior, as well as social networks and social support systems such as family, coworkers and friends.

The five goals of the State of Michigan Breastfeeding Plan are:

Goal 1: Eliminate disparities in breastfeeding

Goal 2: Advance breastfeeding rights

Goal 3: Build community support for breastfeeding

Goal 4: Change institutional and organizational policies and practices to support breastfeeding families

Goal 5: Strengthen breastfeeding knowledge and skills for mothers and their families

All of the goals and strategies in the Breastfeeding Plan will utilize a health equity lens by ensuring that activities address the causes of health inequities as they relate to social determinants of health and oppression at the personal, interpersonal, institutional, and cultural levels.

GOAL 1: ELIMINATE DISPARITIES IN BREASTFEEDING

- Address racial inequities that make it more difficult for Black women to initiate and continue breastfeeding.
- Identify and address the barriers to breastfeeding duration for teen mothers.
- Address gaps in data on the effect of disabilities (physical, developmental and emotional) on breastfeeding rates, and work to resolve issues that make breastfeeding more difficult in these groups.
- Support the development of state policies to improve paid family leave and access to child care to reduce disparities when mothers return to work.
- Facilitate the dissemination of evidence-based, consistent messaging that is culturally appropriate and addresses cultural, age, disability, and historical barriers to breastfeeding.
- Develop and implement breastfeeding promotion and support strategies that focus on eliminating disparities within MDHHS at the department, bureau, division, and program level.



- Ensure that peer support groups for breastfeeding women and their families are culturally responsive, and provide resources for families with disabilities.
- Increase the diversity of the International Board Certified Lactation Consultant (IBCLC®), Certified Lactation Counselor (CLC) and Certified Lactation Specialist (CLS) workforce in order to reflect the communities in which they work.

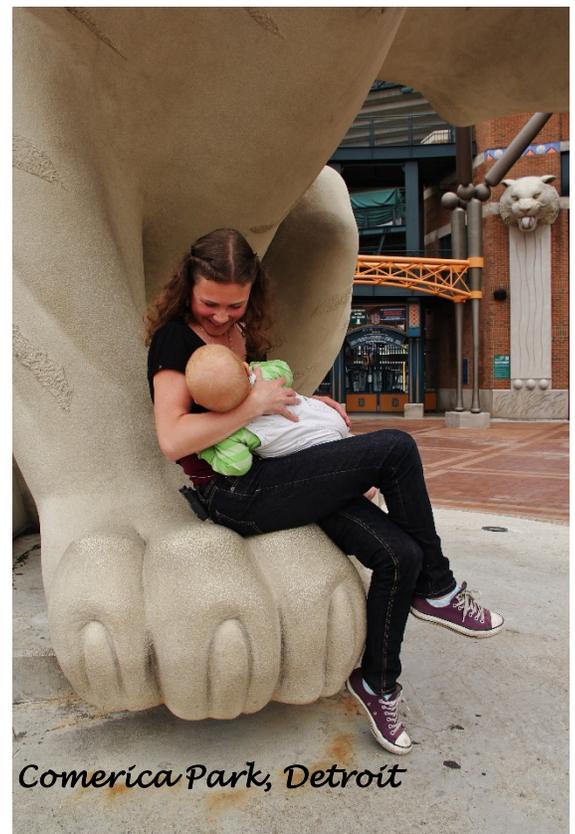
GOAL 2: ADVANCE BREASTFEEDING RIGHTS

- Educate policy makers on the importance of breastfeeding to achieve goals for the health and well-being of Michiganders.
- Support and promote new and existing legal protections for breastfeeding mothers. Inform families of their rights under federal and state breastfeeding laws.
- Support the development of policies to improve paid family leave and access to child care.
- Support the development of policies to increase access to quality breastfeeding support.
 - Example: policies to expand services for the WIC peer counselor program and establish licensing for IBCLCs[®] and dietitians.

GOAL 3: BUILD COMMUNITY SUPPORT FOR BREASTFEEDING

- Facilitate the dissemination of evidence-based, consistent messaging across the perinatal continuum of care. Ensure that materials target women and their support network.
 - Example: target fathers, partners, grandparents, faith-based organizations and child care providers.
- Design and conduct breastfeeding promotion campaigns through social media in order to normalize breastfeeding. Align and integrate breastfeeding messages with other public health campaigns.
 - Example: target public health campaigns for breast cancer prevention, the American Heart Association, Safe Sleep, and the Campaign to End Obesity.
- Establish consistent breastfeeding promotion among MDHHS programs, and facilitate sharing of best practices among those programs.
 - Example: Adolescent and School Health; Adolescent Pregnancy and Parenting; Cardiovascular Health, Nutrition, and Physical Activity; Safe Sleep; Evidence-Based Home Visiting; MIHP; Oral Health; Perinatal Care Systems; WIC; Family Planning.

- Increase the number and availability of International Board Certified Lactation Consultants (IBCLCs®), who can provide clinical breastfeeding care, and educated or certified breastfeeding professionals, who can provide breastfeeding support. This is particularly important for rural areas (e.g., Upper Peninsula) where families have to drive great distances to access care.
- Encourage collaboration between inpatient and outpatient perinatal care providers, and establish partnerships between healthcare providers, breastfeeding support professionals (e.g., IBCLC®, CLC, CLS, doulas), insurance plan care coordinators and home visiting programs to improve continuity of care.
- Encourage the development of peer support groups for breastfeeding women and their families, and support existing groups.
- Support the efforts of the Michigan Breastfeeding Network to establish breastfeeding coalitions, particularly in remote areas such as the Upper Peninsula, that bring together individuals and organizations within the community to increase access to breastfeeding support services and ensure breastfeeding messaging is consistent. Empower the coalitions to create a community space that encourages support between local partners. Encourage the inclusion of non-traditional partners, such as employers, teachers and religious leaders.



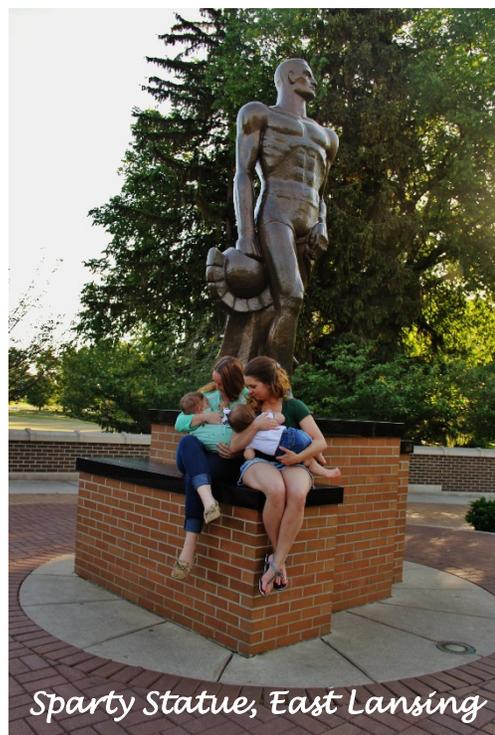
GOAL 4: CHANGE INSTITUTIONAL AND ORGANIZATIONAL PRACTICES TO SUPPORT BREASTFEEDING FAMILIES

- Incorporate evidence-based breastfeeding content into education, training and continuing education for health professionals.
 - Example: education and training for doctors, nurses, social workers, and dietitians.
- Align minimum competency and continuing education guidelines with those of Baby-Friendly® and mPINC for healthcare staff who work with pregnant women and breastfeeding families.
- Increase the number of hospitals in Michigan that receive and maintain Baby-Friendly® designation, particularly in the Upper Peninsula which currently has no Baby-Friendly® Hospitals, and in areas with high infant mortality rates. Support hospitals in implementing and adhering to the Baby-Friendly® Hospital Initiative Ten Steps to Successful Breastfeeding.
- Support hospitals in improving practices to support breastfeeding, as measured by the CDC's Maternity Practices in Infant Nutrition and Care survey (mPINC).
- Facilitate collaboration and sharing of best practices between hospitals as they work toward providing an optimal level of care to breastfeeding families.
- Focus organizational policy changes and educational efforts on infant special-needs populations, particularly infants with medical complications such as neonatal abstinence syndrome and cleft palate.
- Promote the use of breastmilk (mother's own milk or donor milk) for very low birth weight, low birth weight, and preterm infants.
- Improve data reporting to demonstrate a return on investment for the use of breastmilk and breastfeeding support and services. Use this data to encourage insurance companies to expand coverage of breastfeeding support and services, as well as donor milk. Use this data to encourage employers in the health care sector to employ community-based doulas and peer educators.

- Include breastfeeding anatomy, physiology and health benefits in elementary, middle and high school science, health and sex education classes.
- Educate breastfeeding professionals to recognize and assist mothers experiencing prenatal and postpartum depression. Educate healthcare professionals on safety of psychotropic medications while breastfeeding.
- Educate employers on how to best support their breastfeeding employees and comply with the federal Break Time for Nursing Mothers law.
- Support recognition programs for employers who provide support for their breastfeeding employees.
 - Example: recognition programs developed by the Michigan Breastfeeding Network and endorsed by MDHHS.
- Coordinate and align data collection methods that assess breastfeeding initiation, duration, exclusivity, and data distinguishing race and ethnicity. Coordinate data collection methods to monitor the implementation of strategies outlined in the Breastfeeding Plan.
- Establish new policies, and support existing policies, regarding breastfeeding in early care and education settings. Implement knowledge and competency requirements for child care providers regarding breastfeeding.
- Facilitate communication between suppliers of breast pumps and breastfeeding families on proper pump usage and fit of flanges/shields.

GOAL 5: STRENGTHEN BREASTFEEDING KNOWLEDGE AND SKILLS FOR MOTHERS AND THEIR FAMILIES

- Provide families with free evidence-based, consistent breastfeeding education before, during and after pregnancy to ensure that they are aware of, and know how to utilize resources, and arrive at the hospital prepared to breastfeed their babies. The information should be tailored to the needs and realistic expectations of families.
- Ensure that prenatal education and postnatal support are deliberately inclusive of fathers, who play a key role in the support of breastfeeding women.
- Educate families on the importance of breastmilk for low birth weight, very low birth weight, and premature infants, so they are prepared to provide breastmilk to their baby in these situations, if needed.
- Disseminate breastfeeding education that prepares women to combine breastfeeding and work or school, and advocate for their rights and needs as breastfeeding employees and students. This is particularly important for women whose worksites are lacking in space or may need to negotiate time to pump.
- Incorporate women and their support network (e.g., fathers, partners, grandparents, child care providers) into breastfeeding education efforts to increase social support for breastfeeding women.



COLLABORATIVE PARTNERS

Many of the advances in Michigan's protection, promotion and support of breastfeeding are due to the unique collaborative efforts of the following groups.

Michigan Breastfeeding Network (MIBFN)

MIBFN is the state coalition. This non-profit organization optimizes community support by leading collaborative actions for advocacy, education and coalition building across the state. Their vision is that all people in Michigan will work and live in a culture that supports breastfeeding.



MDHHS Women, Infants and Children Supplemental Food Program (WIC)

Michigan WIC is a leader in the state, prioritizing breastfeeding support and promotion activities within the program and in the community. Michigan WIC's philosophy is that all WIC staff play a role in breastfeeding support. All programs have staff trained in breastfeeding support and most clinics have peer counselors.



MDHHS State Breastfeeding Coordinator

The MDHHS state breastfeeding coordinator is charged with integrating Michigan's breastfeeding efforts toward common goals, with consistent messages and focus.



Coffective

Coffective (Community + Effective) provides motivating, evidence-based training and tools including a free mobile app, online staff training, and patient education handouts. Their tools help create consistent messaging that is culturally competent and aligns with Baby-Friendly® practices.



Local Coalitions

Michigan has approximately 20 local, active coalitions that serve as the collective impact backbones in their communities by convening stakeholders, aligning messaging, and encouraging shared measurement. They conduct their own projects, and catalyze stronger implementation of partner projects, all while keeping stakeholders aware of one another and the landscape of services in their communities.

MDHHS Nutrition, Physical Activity and Obesity Prevention Program (MiNPAO)

Recognizing the relationship between breastfeeding and obesity prevention, MiNPAO advances strategies to help meet Michigan's breastfeeding goals.

STATEWIDE COLLABORATIVE PROJECTS

We work better when we work together

Breastfeed: Anytime, Anywhere

It is a simple tagline, with an evidence-based message. Feeding on cue is key to breastfeeding success. The campaign's initial objective was to catalyze a broader conversation about the importance of welcoming breastfeeding in public places, and to raise awareness of the Breastfeeding Antidiscrimination Act.

Campaign successes include:

- Distributed 3,000 window clings in 43 counties.
- Received 200+ signatures from organizations and individuals to take the pledge.
- Supported coalitions on the use of the advocacy toolkit.
- Redesigned and made public the *Breastfeeding Rights Awareness* card, a resource for women to understand and defend their public breastfeeding rights.
- Updated the website to improve access to resources and information:

www.breastfeeding.org/anytime-anywhere.



Detroit Collective Impact Project

This multifaceted project is aimed at meeting the five conditions of collective impact (aligned activities, common agenda, consistent communication, shared measurement, and backbone organization) to increase evidence-based maternity care and reduce infant mortality in Detroit. Project partners have been convening, and using Collective training and tools, since early 2016. It has become the model for all the MIBFN 310 Connect Projects.

Partners include Detroit Institute for Equity in Birth Outcomes (DIEBO), Detroit Health Department, MIHP, WIC, Nurse Family Partnership, BMBFA, Henry Ford Hospital Detroit, Sinai Grace Hospital, Harper/Hutzel Women's Hospital, and St. John Providence Hospital and Medical Center.



MIBFN 310 Connect

The MIBFN 310 Connect portfolio of projects all aim to increase implementation of evidence-based maternity care practices that promote breastfeeding initiation and exclusivity at the hospital, and successful breastfeeding upon discharge. These projects align with the Baby-Friendly® Hospital Initiative's 10-Steps to Successful Breastfeeding. MIBFN, as the state coalition, can positively impact efforts toward achieving steps 3 and 10. Step 3 is "Inform all pregnant women about the benefits and management of breastfeeding" and Step 10 is "Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center."

As the backbone of this Collective Impact work, MIBFN works with local coalitions and organizations to align their messaging, measure their processes and outcomes, and stay in constant communication to increase their success. Even if a local hospital isn't going to seek "Baby-Friendly" designation, the 10 steps are evidence-based practice and can be implemented in any community. Efforts initiated in the high-risk area of Detroit, moved to Flint, and will be starting soon in Battle Creek. Learn more at:

www.mibreastfeeding.org/310-connect



QI Jumpstart Collaborative

This project is part of a statewide movement toward collaborative learning. The goal is to propel hospitals toward the implementation of hospital-based maternity care practices. A competitive grant awarded to eight birthing hospitals revealed that staff education was the primary strategy for all hospitals.

Participants have access to monthly collaborative webinars, office hours, two in-person meetings, and structured customized tools and training videos. Data collection and QI projects are crucial to monitoring the success of the state-wide project, and improving outcomes. To that end, participants learn strategies for effective and efficient data collection and reporting and will use action plans and templates provided to sustain this component beyond the collaborative timeline.



Michigan Breastfeeding-Friendly Workplace Project

This project aims to inform employers, employees, and advocates of the Federal Break Time for Nursing Mothers law (see page 24). It provides tools and training, and celebrates those employers who are in compliance via the *Michigan Breastfeeding Friendly Business Awards*.

In the first two years of the project, partners have:

- Developed resources - including flyers, door hangers, post cards, and fact sheets.
- Awarded 25 *Michigan Breastfeeding Friendly Workplace* awards, including providing certificates, tools for external and internal publication, and social media recognition.
- Exhibited at a human resource management conference two years in a row.
- Trained 25 local coalitions on the components of the law, and how to support their participants.
- Created a web portal for information and tools:

www.mibreastfeeding.org/workplace



WIC Statewide Initiative

This project is the culmination of several WIC-led projects and initiatives around the state that sought to strengthen the relationship between local WIC agencies and hospitals to improve breastfeeding rates. Michigan WIC engaged MIBFN and Collective to align current efforts in Michigan to improve maternity care practices, enhance care coordination, and implement consistent educational training and tools. The project gathered baseline data on staff perceptions of mothers' preparedness for evidenced-based care, and gauged key stakeholders' interest in engaging in broader Collective Impact initiatives with statewide, strategic partners.



*Great Lakes Crossing,
Auburn Hills*

INDEPENDENT LOCAL AND REGIONAL EFFORTS

Breastfeeding campaigns

[Ingham County Health Department's Get Real About Breastfeeding](#) campaign includes billboards placed throughout the community, posters, postcards, cinema advertising, a traveling gallery, social media shareables, and a website for moms and families to access breastfeeding resources.

[Branch-Hillsdale-St. Joseph District Health Department](#) initiated an *I Promise* campaign with the goal of having clients promise to initiate breastfeeding their newborns. At their first prenatal visit, clients document their breastfeeding intentions and goals, and receive an *I Promise* bracelet.

Disparity-focused efforts

[Black Mothers Breastfeeding Association\(BMBFA\)](#) is a nonprofit organization with the mission to reduce racial inequities in breastfeeding support for black families. BMBFA's services are intentionally focused on African American families to help eliminate breastfeeding disparities. BMBFA is involved in several community-level initiatives. BMBFA partnered with the First Food Friendly Community Initiative, which works to transform neighborhoods and communities to better support breastfeeding.

BMBFA played a role in encouraging the city of Detroit mayor to proclaim the last week of August as Black Breastfeeding Week in 2015. BMBFA also held a community listening session before the Regional Transit Authority CEO to discuss mothers' concerns about breastfeeding on public transit.

The Mother Nurture Lactation College is a unique model for minority women to achieve International Board Certified Lactation Consultant (IBCLC®) certification. The College combines the resources of [St. John Providence Hospital](#) and [BMBFA](#). The Lactation College uses mentorship, advocacy and academic support to assure successful navigation to IBCLC® certification. In addition, the Lactation College also uses the existing structure of the International Board of Lactation Consultant Examiners (IBCLE) to develop the training.



Photo credit: Black Mother's Breastfeeding Association

Consistent messaging

MDHHS programs such as Maternal Infant Health Program (MIHP), Michigan Adolescent Pregnancy and Parenting Program (MI-APPP), Michigan's Home Visiting Initiative (MHVI), Safe Sleep, and Oral Health are providing consistent, evidence-based breastfeeding education through their websites, webinars, conferences, printed materials, and patient care plans.

District Health Department 10 (DHD #10) has completed the Coffective platform training for all 12 of their clinic sites. Extensive outreach and training of local providers has resulted in consistent use of Coffective tools in Newaygo County.

Support for breastfeeding mothers and their families

Michigan's home visiting programs provide prevention-focused family support services in the homes of pregnant women and families. MHVI, MIHP, and Inter-Tribal Council of Michigan's Tribal Home Visiting Program all provide direct breastfeeding support to home visiting clients.

Michigan WIC program is working to become the go-to place for breastfeeding. WIC programs open classes and groups to the community. Peer counselors provide support to families outside regular WIC clinic hours.

La Leche League of Michigan is dedicated to providing education, information, support, and encouragement to women who want to breastfeed. Meetings are held throughout the state on a weekly or monthly basis.

BMBFA's provides peer-led direct services. Their Community-Based Breastfeeding Peer Counselor Program and Community-Based Doula Program have trained 37 community members. BMBFA also hosts the Black Mother's Breastfeeding Club, and runs a breastfeeding helpline.

Focus on fathers

Fathers influence a mother's breastfeeding intention and breastfeeding initiation, duration and exclusivity. They want to be included, and yet, often feel left out of the breastfeeding relationship and helpless to support the mother.^{30, 31}

Several groups across the state are focusing on fathers. For example, MIHP, WIC and MI-APPP are working with a Michigan-based parenting consultant to provide fatherhood training and resources. BMBFA and WIC are collaborating with the Strong Start | Healthy Start Dads Matter Initiative to provide training on father engagement. Additionally, the Healthy Kent Breastfeeding Coalition and BMBFA are working with Strong Fathers, a Strong Beginnings fatherhood initiative.



The Tridge, Midland

Changing institutional and organizational policies and practices

[Michigan Collaborative Quality Initiative \(MCQI\)](#) is a voluntary collaborative between the neonatal intensive care units in Michigan with a goal of infant mortality reduction through quality improvement. Many of the hospitals participate in the [Very Low Birth Weight Breastfeeding Initiative](#), which aims to provide more than 90 percent of the infants with breastmilk as their initial feeding, and with some amount of breastmilk every day until discharge.

Provider training is occurring on multiple levels throughout the state, including [Michigan Home Visiting Initiative \(MHVI\)](#) and [Maternal Infant Health Program \(MIHP\)](#) training of home visitors, [MI-APPP](#) training of case managers, and [MiNPAO](#) training for child care centers and homes. Additionally, MIHP has worked with [BMBFA](#) and [WIC](#) to provide trainings.

[BMBFA's](#) innovative projects in workforce development hope to link employers in the health care sector with community-based (peer) doulas and educators.

Federal and state breastfeeding laws and policies

Several federal and state laws protecting and supporting breastfeeding have been enacted in recent years. These include:

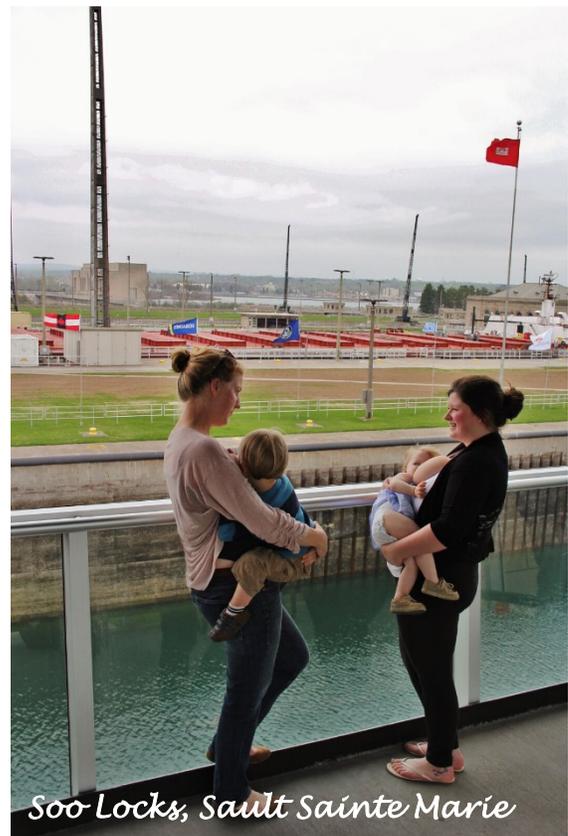
Federal law and policy:

The Patient Protection and Affordable Care Act amended section 7 of the Fair Labor Standards Act (FLSA) to require employers to provide reasonable break time for an employee to express breast milk for her child for one year after the child's birth each time such employee has need to express the milk. Employers are also required to provide a place other than a bathroom that is shielded from view and free from intrusion from coworkers and the public which may be used by an employee to express breast milk. The Break Time for Nursing Mothers requirement became effective when the Affordable Care Act was signed into law on March 23, 2010.

Michigan laws and policies:

Breastfeeding Antidiscrimination Act, 2014 PA 197, was signed into law on June 2014, supporting women's right to breastfeed anywhere they have the right to be.

Michigan Medical Services Administration (MSA) promulgated a new Medicaid policy expanding coverage of breast pumps as of January 1, 2015, and included coverage of two postpartum visits with an IBCLC® for Medicaid recipients including MIHP beneficiaries.



Soo Locks, Sault Sainte Marie

APPENDIX A: STATE OF MICHIGAN BREASTFEEDING FORUMS

In recognition of the impact of breastfeeding on infant mortality and improving health and wellness, in the spring of 2016, the Michigan Department of Health and Human Services (MDHHS) hosted two regional summits titled, Working to Bridge the Gap: Removing Breastfeeding Barriers. Nearly 200 stakeholders participated in the forum that was held in Lansing on March 15, and nearly 50 participated in the forum that was held in Marquette on April 19. Efforts were made to include employers; educational institutions; state, local and tribal government; health care professionals and organizations; community organizations and members; and public health professionals. Information was shared with forum participants about breastfeeding rates for Michigan, current efforts to promote breastfeeding in the state, and racial and ethnic disparities. Participants were then invited to help Michigan identify priority strategies for supporting breastfeeding families. Attendees brainstormed strengths, areas for improvement, and specific strategies of focus for Michigan with the expressed goal of increasing breastfeeding initiation, duration (how long a mother provides breastmilk), exclusivity, and eliminating disparities. The ideas and suggestions from these summits form the basis of the State of Michigan Breastfeeding Plan.

Forum participants divided into workgroups, and addressed one of eight topics based on the “Centers for Disease Control and Prevention (CDC) Guide to Strategies to Support Breastfeeding Mothers and Babies”.³² The topics included:

- Maternity care practices.
- Professional education.
- Access to professional support.
- Peer support programs.
- Support for breastfeeding in the workplace.
- Support for breastfeeding in early care and education.
- Access to breastfeeding education and information.
- Social marketing.

Each workgroup began with a brief presentation on the topic from a content expert, followed by a discussion of barriers related to the topic and strategies to overcome those barriers. At the end of the sessions, workgroups were asked to identify the top three to five strategies from their discussion. Forum participants were also asked to identify their personal top three strategies, and to identify actions they would take to personally support priority strategies after the forum.

The Michigan Public Health Institute (MPHI) reviewed the top strategies from each workgroup along with detailed notes of the workgroup discussions to identify common themes. Six underlying themes emerged from the discussions of strategies to support breastfeeding:

Breastfeeding Education for breastfeeding families, healthcare providers, child care providers, and employers and coworkers that use culturally, racially and ethnically diverse educational materials.

Consistent Messaging that ensures the same information is being distributed by the agency, organization and individual that interacts with women during the perinatal period. Consistent messaging should be paired with materials and images that reflect the target populations.

Engaging Others to Support Breastfeeding, particularly personal and peer support networks, employers and coworkers, healthcare providers, insurance company representatives, and social service providers.

Networking and Working Together to support breastfeeding women through the involvement of a broad spectrum of agencies and organizations.

Policies to Advance and Promote Breastfeeding, including organizational policies (e.g. hospital policies for rooming-in) and public policy (e.g., family leave and child care licensing).

Addressing Gaps in Access to Breastfeeding Support through the development of support groups and expansion of breastfeeding support services that are racially-, culturally- and socioeconomically-responsive, and tailored to meet the needs of diverse populations.

These six underlying themes can be seen throughout the strategies outlined in the State of Michigan Breastfeeding Plan, and should guide the development and implementation of policies, programs and activities to support breastfeeding.

The top strategies from each forum workgroup have been combined to develop the final strategies for the State Plan. The top strategies were:

Maternity Care Practices

- Develop reimbursement for peer support services.
- Create cultural change in hospitals, and develop/mentor physician champions within the hospitals.
- Establish support from agencies outside of the hospital before and after birth.
- Promote consistent messaging from all healthcare staff who interact with prenatal and breastfeeding women.
- Facilitate support groups for all mothers at all income brackets.

Professional Education

- Teach hands-on breastfeeding support skills.
- Implement a statewide breastfeeding curriculum for healthcare staff.
- Establish requirement for breastfeeding training and continuing education for healthcare staff who work with breastfeeding women.
- Promote breastfeeding in medical/nursing curriculum, particularly for obstetric residents.
- Overcome provider bias through dissemination of evidence-based information.

Access to Professional Support

- Standardize training for breastfeeding support professionals.
- Teach physicians to preserve the “sacred hour” after birth, along with other Baby-Friendly® practices.
- Address the cost of breastfeeding professional services through insurance coverage.
- Connect doctors and hospitals to breastfeeding support in their communities, such as through a registry of breastfeeding support professionals.
- Help with IBCLC® credentialing through funding and mentoring.
- Promote consistent messaging from professional support providers.

Peer Support Programs

- Increase outreach efforts.
- Expand funding for WIC peer support to women who are not WIC eligible.
- Establish local breastfeeding coalitions to improve support.
- Create pathways for women to become peer support providers.
- Build provider buy-in for peer support.
- Promote peer education as a standard of care or transition of care model.
- Promote consistent messaging through peer support.
- Support those who are providing peer support.

Support for Breastfeeding in the Workplace

- Provide training to employers and develop standardized training materials.
- Develop state-level recognition for breastfeeding-friendly employers.
- Support employers to provide a safe and private space for pumping, use proper language in workplace policy, and communicate breastfeeding policies to employees.
- Support increased family medical leave.
- Develop a dedicated position within health departments to work with employers on supporting their breastfeeding employees.
- Prepare women to go back to work through prenatal and postpartum education, particularly around pump use and fit.
- Develop web-based education resources for breastfeeding women returning to work.

Support for Breastfeeding in Early Care and Education

- Establish requirement for breastfeeding training for all child care providers.
- Establish clear state policies for child care providers regarding supporting breastfeeding that are enforced by Licensing and Regulatory Affairs (LARA).
- Promote adoption of breastfeeding support policies for child care centers and homes.
- Promote the use of a breastfeeding-specific star rating as part of the quality rating and improvement system.
- Promote consistent messaging from early care and education staff.
- Promote networking between programs to share knowledge and practices.
- Expand compensation for infant care providers and parent subsidies for infant care to address gaps in access to child care.

Access to Breastfeeding Education and Information

- Meet clients where they are by tailoring breastfeeding education to their needs and providing realistic expectations.
- Have consistent messaging at all access points that target women and their support networks.
- Build a breastfeeding education toolkit that is available to every mother regardless of income.
- Provide breastfeeding education through a variety of formats, such as apps, posters and handouts.
- Promote implementation of breastfeeding education into labor and delivery classes throughout the continuum of care.
- Expand home visiting support services to take breastfeeding education to the community.
- Utilize local breastfeeding coalitions to disseminate breastfeeding information.

Social Marketing

- Feature mothers from the community telling their own stories.
- Tailor messaging to the local community to meet people where they are to increase knowledge and influence healthy behavior change.
- Provide funding to test social marketing on a small scale before going state-wide.
- Work with health promotion organizations, such as the American Heart Association or a local health department, to include breastfeeding messages in their public health campaigns.
- Utilize local coalitions to ensure breastfeeding messages are consistent across communities.
- Create community spaces to link active partners for sharing knowledge and information.

Due to overlap among strategies across workgroups, MDHHS and MPHI organized the strategies by their position within the ecological model, rather than by the eight workgroup topics/CDC strategies. Once the strategies were organized by ecological model, similar strategies were grouped together.

APPENDIX B: SOURCES OF DATA ON MICHIGAN BREASTFEEDING RATES

Michigan Pregnancy Risk Assessment Monitoring System

The Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) is a random population-based survey of one out of every 50 mothers in Michigan who have had a baby during the survey year. PRAMS oversamples mothers of low birth weight infants and African American mothers. This data captures a snapshot of health history, health conditions, health care, insurance, life stressors and experiences, and activities and health behaviors from the year before conception through the time when a new baby is between four to nine months of age. The most recent data is from 2014 and provides a good picture of Michigan's initiation rates and disparity. The limitation of PRAMS data is that it is cross-sectional, and therefore does not capture the full length of time that respondents breastfeed. Also, data is not collected from mothers of infants beyond nine months of age, and therefore does not capture breastfeeding rates for older infants. Exclusivity data on breastfeeding was gathered for 2004-2011 only. For mothers who have stopped breastfeeding by the time they complete the survey, PRAMS data does capture important information on barriers to breastfeeding and the reasons mothers stop breastfeeding.

Birth certificate data

Michigan's birthing hospitals collect breastfeeding initiation data that is then analyzed by vital records.

Centers for Disease Control and Prevention National Immunization Survey

National breastfeeding data has been collected since 2002 by the Centers for Disease Control and Prevention (CDC). It is obtained through random-digit dialing to survey households with children aged 19-35 months. This source captures information on breastfeeding initiation, duration through 12 months, and exclusivity through six months, along with breastfeeding support indicators such as the number of La Leche League Leaders and Certified Lactation Counselors (CLCs) per 1,000 live births.

Women, Infants and Children Supplemental Food Program

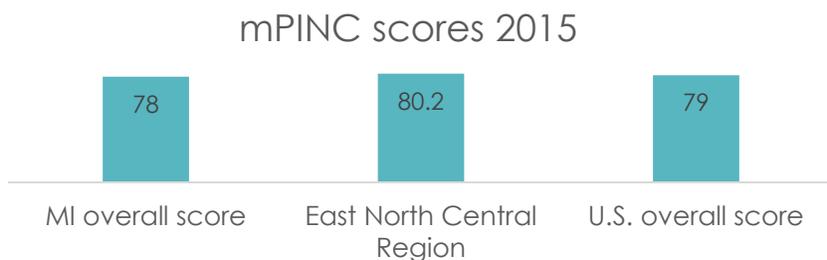
Michigan's supplemental food program (WIC) uses three different types of reports to monitor breastfeeding. The first is a biannual ad hoc rate and duration report. This report is run from the Michigan WIC eligibility database and it provides point-in-time data on the number of infants that are ever breastfed and the duration of the ever breastfed infants (0 – 12 months old).³³

The second type of report is the Pregnancy Nutrition Surveillance System (PNSS),³⁴ which is a public health surveillance system that describes the nutritional status of low-income pregnant, postpartum or nursing women enrolled in federally funded maternal and child health and nutrition programs. In Michigan, Pregnancy Nutrition Surveillance System data are collected solely from WIC clients. Self-reported demographic, behavioral and health information is collected at the local WIC agency and verified by a nurse, registered dietitian, nutritionist, or other health professional. Anthropomorphic measurements (height, weight and birthweight), clinical nutritional indicators status (i.e. hematology measurements), and breastfeeding practices are also collected. Data is aggregated at the state level, and submitted to the CDC for analysis. The Pregnancy Nutrition Surveillance System report provides the breastfeeding rate of mothers in WIC that initiate breastfeeding.

The Pediatric Nutrition Surveillance System provides more comprehensive data on the number of children that are breastfed and their duration over the period of a calendar year.³⁵

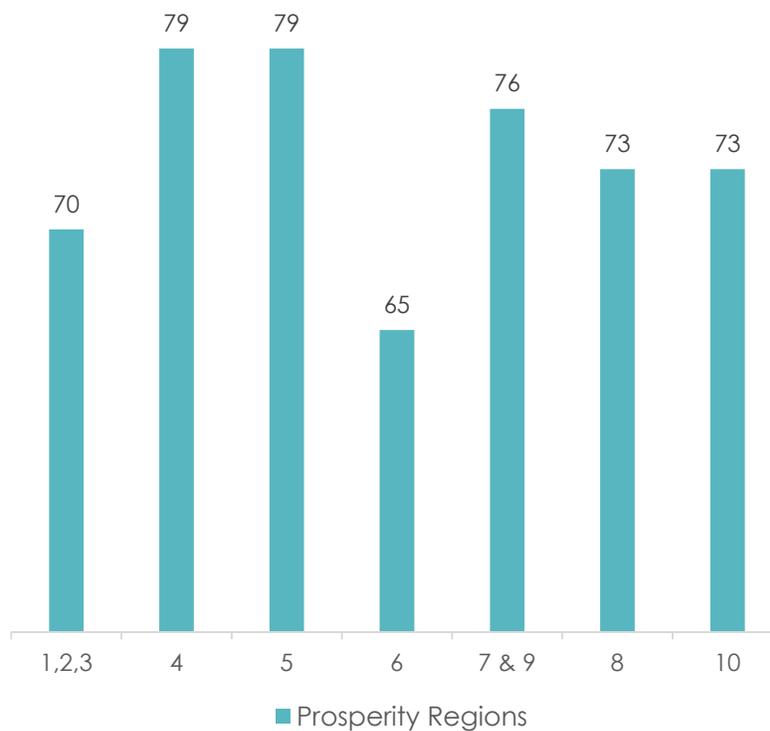
Maternity Practices in Infant Nutrition and Care Survey

The Maternity Practices in Infant Nutrition and Care (mPINC) is a biannual survey conducted by CDC that is sent to birthing hospital managers. Questions are focused on breastfeeding and the World Health Organization Code with a report drafted nine months later. The focus of data collection is on the processes that support breastfeeding, not the outcomes. The most recent data are from 2015. Michigan's overall score in 2015 was 78 out of 100. The U.S. national score was 79, with a range from 60 in Mississippi to 96 in Rhode Island. The East North Central region's score (which is comprised of Wisconsin, Illinois, Indiana, Michigan and Ohio) was 80.2 with a range from 78 to 82.

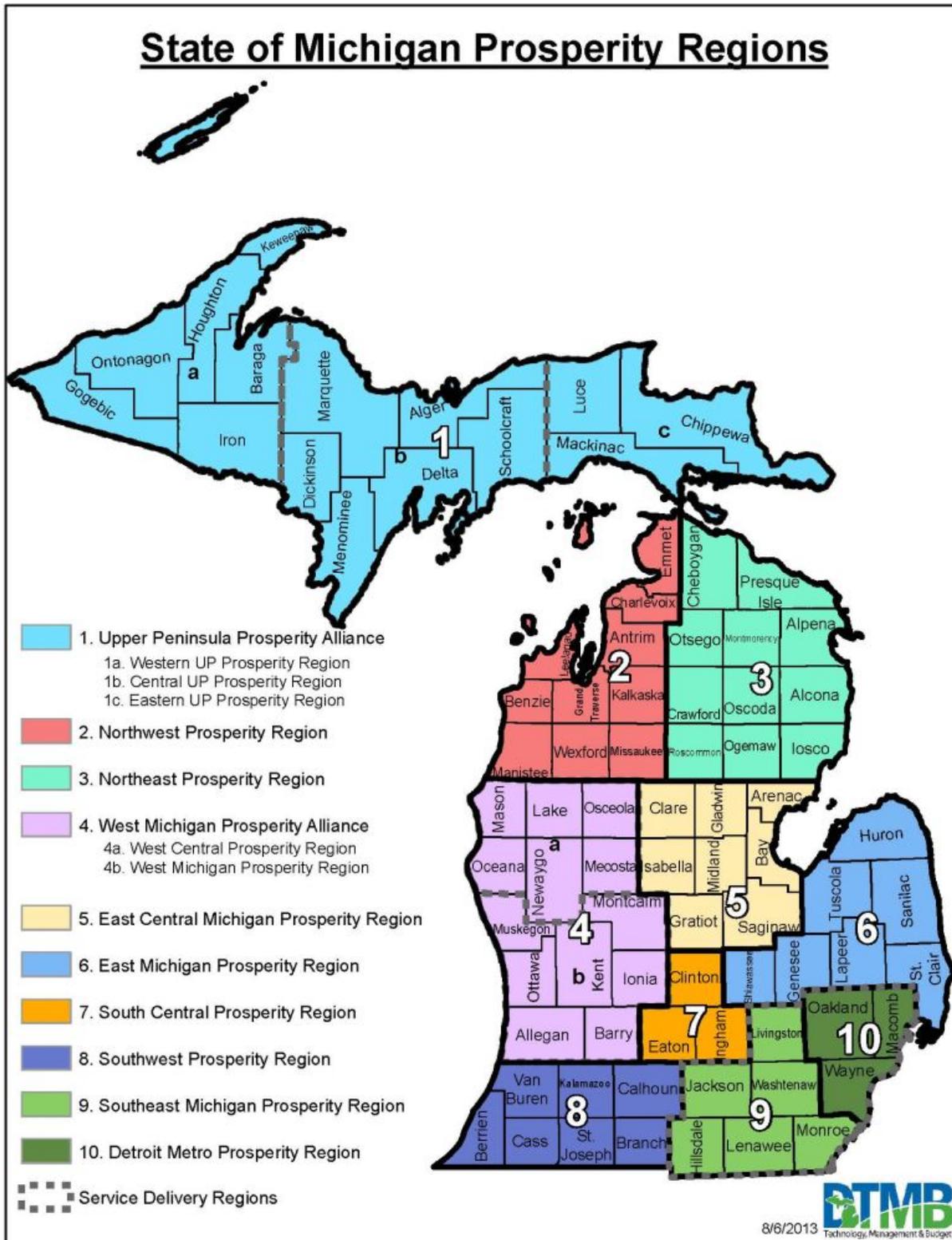


CDC provided Michigan with a breakdown of mPINC scores based on State of Michigan Prosperity Regions. The 10 Prosperity Regions represent service delivery areas that are responsive and supportive of collaboration among local and regional partners from the private, public and nonprofit sectors. Regions 1, 2 and 3 include the Upper Peninsula and the northern third of the Lower Peninsula. Region 4 is West Michigan. Region 5 is East Central Michigan. Region 6 is East Michigan. Regions 7 and 9 are South Central and Southeast Michigan. Region 8 is Southwest Michigan and Region 10 is Detroit metro.

mPINC Scores by Prosperity Regions



State of Michigan Prosperity Regions



APPENDIX C: COLLECTIVE IMPACT³⁶

Collective impact is a form of collaboration where participants from different sectors work together on a common agenda to solve a specific problem. It is different from most collaborations in that it includes five key conditions:

- **Common agenda** – Participants have a shared understanding of the problem, the primary goals, and the approach to solving it.
- **Shared measurement system** – Participants use a consistent method of measuring and reporting performance and outcomes.
- **Mutually reinforcing activities** – Each participant performs activities in their area of strength that support and are coordinated with the activities of others. Activities work toward the common agenda, and are informed by shared measurement.
- **Continuous communication** – Participants attend regular meetings and communicate between meetings.
- **Backbone support organization** – The backbone organization and staff provide the infrastructure for collective impact efforts. They plan, manage, and support the initiative.

APPENDIX D: BABY-FRIENDLY® HOSPITAL INITIATIVE³⁷

The Baby-Friendly® Hospital Initiative is a global program that was launched by the World Health Organization and the United Nations Children's Fund (UNICEF) in 1991. The initiative recognizes hospitals and birthing centers that provide evidence-based maternity care that supports optimal infant feeding outcomes and mother/baby bonding.

Baby-Friendly® hospitals and birthing centers must adhere to the Ten Steps to Successful Breastfeeding:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

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