Breastfeeding Equity SC

BREASTFEEDING RESOURCE GUIDE AND TOOLKIT

For Parents, Support Persons, Healthcare, and Community Members

2025





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We Can Do It!!

Breastfeeding and the needed support come in all shapes and sizes!! There is no perfect way to do it but when the breastfeeding parent feels supported, success is much more attainable. Whether you are a healthcare provider, family, employer, or just someone who wants to learn more, this toolkit is for you!

This toolkit offers some great resources, useful checklists and covers the following topics:



INTRODUCTION



SUPPORT AND EDUCATION



HEALTH AND HEALTHCARE



CULTURAL AND SOCIETAL NORMS



STRATEGIES



RESOURCES

INTRODUCTION

Why Breastfeeding Matters for All Families

THE BENEFITS ARE CLEAR

Everyone around the world agrees: breast milk is the best food for babies. The World Health Organization and the American Academy of Pediatrics (AAP) recommend feeding babies only breast milk for their first 6 months. After that, babies can start eating other foods while still breastfeeding until they're 2 years old or longer.[1,2]



Figure 1. Benefits of Breastfeeding for Infants and Mothers. *Taken from CDC'S Work to Support & Promote Breastfeeding in Hospitals, Worksites & Communities Infographic. (2021)*

Breast milk helps babies in amazing ways. It protects them from getting sick with ear infections, stomach bugs, and breathing problems. It even helps prevent SIDS (sudden infant death syndrome). If 9 out of 10 moms breastfed for 6 months, we could save over 900 baby lives each year.[3]

For moms, breastfeeding is like a health superpower. It lowers the chances of getting diabetes, breast cancer, and ovarian cancer. For Black women, especially, breastfeeding could prevent up to 68% of aggressive breast cancers.[4] The reduction in breast cancer risk is even greater among breast cancer subtypes, such as triple-negative or early-onset ER-breast cancer, that are more prevalent among African American women and have worse prognosis and fewer therapeutic options. [5,6] This reduction is critically important as the breast cancer death rate is about 39% higher in African American women than in White women, despite similar incidence rates.[7]

THE PROBLEM WE FACE

Here's what's troubling: not all families get the same chance to breastfeed successfully. **Black families face significant challenges.** Only 75.5% of Black babies ever get breast milk, compared to 92.4% of Asian babies.[8]

The numbers get worse over time:

- At 3 months: Only 39.3% of Black babies still get only breast milk
- At 6 months: Only 19.8% of Black babies still get only breast milk

This gap is greatest in the Southeast U.S., especially in South Carolina. Here, Black babies are 20 percentage points less likely to be breastfed than White babies.[9]

Why This Happens

The reasons Black families face significant challenges to breastfeeding are rooted in history. Common barriers to breastfeeding among Black families are multifaceted. There are multilevel factors that influence breastfeeding among Black/African Americans, from the social and historical contexts of enslaved Africans being forced to "wet nurse" white infants[10] to the enduring impact of the fierce marketing of infant formula to Black/African American families in the 1950's[11] interacting with the present-day racism[12] and unequal access to paid family leave.[13]

Other challenges include:

- Not knowing enough about breastfeeding benefits
- Lack of family support
- Healthcare providers who don't help enough
- Workplaces that don't support breastfeeding moms

South Carolina's Story

Our state faces serious challenges, such as:

- 1 in 9 babies are born prematurely in South Carolina
- 28 out of 46 counties have preterm birth rates higher than the state average[14]
- South Carolina has an 11.6% preterm birth rate and 10.0% low birthweight, higher than national averages of 10.4% and 8.6%[15]
- African American births account for 55% higher preterm rates than all other women[16]
- **South Carolina ranks 11th in the U.S. with the largest racial disparity in breastfeeding initiation** (66.0% vs. 90.6% for Black vs. Asian families)[9]

Given that research suggests numerous benefits of breastfeeding for preterm and low birthweight infants,[17,18] increasing breastfeeding among African Americans could significantly reduce racial disparities in infant mortality.[3]



The Path Forward

Right now, there are limited social and community-based support systems for African American women in South Carolina that are easily accessible, culturally informed, and support their educational and practical needs. This is where change begins. Input from families, community support partners, and healthcare providers is critical to changing this landscape.

Ensuring every baby receives an ideal start in life requires providing every mother with the breastfeeding support and resources she needs to be successful!

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SUPPORT AND EDUCATION

Support and Education for Breastfeeding Success

BUILDING YOUR SUPPORT TEAM

Partners: Your Most Important Teammate

Your partner plays a huge role in your breastfeeding journey. Through this partnership, support can help encourage reaching breastfeeding goals in uncertain moments. When not supported, the breastfeeding experience can derail quickly.

It's important to understand that views on breastfeeding in Black families have complex historical ties (detailed in the Cultural Norms section). However, research indicates that Black women who breastfeed for at least 6 months report partner support as a primary reason for success.[1]

How Partners Can Help:

Learn About Breastfeeding

- Review available resources and become knowledgeable about the physical aspects
- Join supportive social media groups on Facebook and Instagram focused on partners

Give the Gift of Time

- Take care of other tasks so mom can focus on feeding
- Provide meals and handle household duties
- Allow time for rest and personal care

Bond with Your Baby

- Change diapers, give baths, and provide cuddle time to get the baby to sleep
- If mom uses a breast pump, offer a bottle with expressed breastmilk for one feeding

Support the Breastfeeding Parent

- Encourage their breastfeeding goals
- Offer encouragement and reinforcement, especially in times of difficulty
- Provide reassurance and praise where needed
- Be aware of boundaries - breastfeeding parents may feel "touched out"[2]
- Help with cleaning breast pump parts or bottles if they are being used. You can also help with storing breastmilk if this is being done.

Remember there is no "I" in Team. Breastfeeding is most successful when there is teamwork. Consider the team and that everyone has a role to play. What is your role going to be?

Family and Friends: Your Cheerleading Squad

The role of family and friends is like partner support. The number one thing that the breastfeeding parent needs from you is encouragement. Say things that show you support their choice to breastfeed, such as "You're doing a great job!"

Do's and Don'ts for Family and Friends

DO:

- Tell them, "You're doing great!"
- Show understanding when they experience challenges
- Ask how they're feeling and offer water and food
- Learn about breastfeeding yourself
- Help set up lactation consultant or other follow-up appointments

DON'T:

- Dismiss concerns about latching, pain, or milk supply
- Push formula or say "just give them a bottle"
- Pressure about strict schedules
- Give opinions without proper knowledge[3]

Preparing Your Family: Talk to your family early about your breastfeeding decision and how they can help. Educating them about the importance of the parent-baby connection makes a difference[4]

Including Other Kids

- Explain what's happening and why
- Let them help with burping or household tasks
- Give them praise for being good helpers

Other Ways People Can Help

- **Financial**: Buy meals or cover groceries
- **Environmental**: Offer to clean or do laundry

Going Back to Work

Talking to Your Employer

Have early conversations during pregnancy about your breastfeeding plans. Here are some example questions you could ask:

1. Can you provide a private space for pumping?
2. Can I have scheduled breaks to pump?
3. Is there safe milk storage and refrigeration?
4. What options do I have for paid and/or unpaid leave?
5. How can we make the transition manageable?[5]

Public Spaces and Community Support

Breastfeeding in Public.

Your baby will want to eat anywhere, anytime. Be prepared by:

- Checking for family restrooms before you go
- Wearing clothes that make breastfeeding easier[6]
- Bring a cover if you want privacy
- Remember: feeding your baby is normal!

Churches. Churches can help by reserving private spaces, nurseries with service broadcasts, and being welcoming when parents need to feed during service.

Daycares. Daycare providers should understand how to handle, heat, store, freeze, and thaw breast milk safely. Every drop is precious!

Learning the Facts

Myths vs. Truth About Breastfeeding

Myth: Breastfeeding is supposed to hurt.

Truth: Some nipple discomfort is normal in the first few days, but shouldn't be severe[7,8]

Myth: Partners can't bond with breastfeeding babies.

Truth: Everyone can bond through holding, diaper changes, and comfort.[7]

Myth: Formula is as good as breast milk.

Truth: Breast milk is made specifically for your baby with changing nutrients and antibodies.[7]

Myth: You can't work and breastfeed.

Truth: Many parents successfully combine work and breastfeeding with planning.[7,8]

Myth: Breastfeeding is too much work and takes too much time.

Truth: Once rhythm is established, it's easier - no bottles to prepare, food always ready.[7]

Knowledge Check:
If experiencing severe breast or nipple pain, see a healthcare provider or lactation consultant right away. Potential Causes: poor latch, tongue tie, mastitis, blocked/plugged milk duct.

Myth: Adding cereal to bottles helps babies sleep.

Truth: Babies can't digest solids until 6 months - early introduction increases choking risk

Myth: Breasts get saggy from breastfeeding.

Truth: Age, hormones, and genetics cause breast changes, not breastfeeding.[7]

Myth: You can't breastfeed when sick.

Truth: Usually, you can continue - your body makes antibodies that pass to the baby.[7,8]

Myth: Babies should stop after a year or when they get their teeth.

Truth: The American Academy of Pediatrics recommends up to 2 years or longer - teeth don't affect breastfeeding.

Myth: Breast size matters.

Truth: Big or small breasts can both successfully breastfeed.[7]

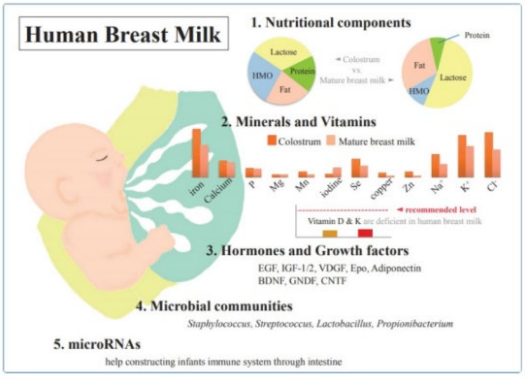
Knowledge Check: Seek guidance from a healthcare provider or lactation consultant when sick. While a cold may not make a baby sick, parents should be careful with medication taken during this time, as not all are

Understanding Breast Milk

Breast milk is 87% water, 7% lactose, 3.8% fat, and 1% protein.[8] That's why staying hydrated is so important!

The composition changes over time:

- **First days:** Colostrum - thick and rich in fat for brain development.[9]
- **As the baby grows:** Breastmilk becomes thinner but power-packed with what the baby needs.
- **Throughout the day:** Breastmilk changes based on what you eat and the baby's needs.



Formula can't mimic this complexity. It stays the same while breast milk adapts.[9] That's why we call it "liquid gold"!

Essential Equipment: Do You Really Need All That Stuff?

If you are exclusively feeding your baby at the breast (no bottles), you need very little! But if pumping or working, some items help:

Nipple Shields Thin silicone covers for latch problems - should be temporary with lactation consultant guidance[10]

Nursing Pads

- **Basic pads:** Absorb leakage (change every 3-4 hours)
- **Cooling gel pads:** Amazing for sore nipples! Keep in fridge, use 15 minutes

Breast Pumps



Types: Manual, single electric, double electric, hospital-grade

- Insurance often covers home pumps
- Hospital pumps are most effective (can be rented)
- Ensure proper flange fit and replace parts every 4-6 weeks
- Clean in a separate basin, sterilize, and air dry

Important Equipment Tips:

- Use containers made for breast milk storage
- Nursing pillows help with positioning (not required)
- Read instructions and watch videos for your pump model

Herbal Supplements: Be Careful



The use of herbal remedies for breastfeeding has ties to cultural practices, and their use is broad, ranging from postpartum recovery to human milk production. Low milk supply is a key reason why mothers seek advice from healthcare providers, lactation consultants, or other breastfeeding friends for remedies to help increase milk supply. Galactagogues are herbs that are used to increase human milk production. Research studies on their use and effectiveness are limited. Further, herbal supplements are not regulated for breastfeeding safety in the United States.[11] Therefore, it is important to research and consider speaking with a lactation consultant or pharmacist before using any supplements to ensure they are safe for you and your baby. Supplements can possibly interact with other medications and be passed to the baby.

Emotional Benefits. There are many emotional benefits to breastfeeding, including positive effects on postpartum depression and anxiety for mothers. The body releases oxytocin during breastfeeding, which helps with bonding with the baby and the

mother's mood.[12] When breastfeeding goes well, parents feel proud and accomplished.

Common Challenges

Physical Issues

- Sore nipples, latch problems, tongue tie, low supply, blocked ducts
- Contact lactation consultants immediately for evaluation

When Things Don't Go as Planned. If the baby is born early, has health issues, or the mother has milk supply problems, she might feel stressed, sad, or disappointed. These feelings are normal! Breastfeeding is seen as something the body should naturally do,[13] so challenges can feel defeating.

How to Help Someone Struggling

The most important thing: SUPPORT

- Listen without judging
- Remind them that a healthy baby is a fed baby
- Acknowledge their feelings
- Help with practical needs like meals and childcare
- Support their decisions--whatever they choose—even if they change along the breastfeeding journey.

The goal is a healthy baby and a supported parent! No matter what their feeding journey looks like, they need your love and encouragement.

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HEALTH AND HEALTHCARE

HEALTH

WHY HEALTH CARE PROVIDERS MATTER

The World Health Organization says human milk is perfect for babies and critical for survival.[1] With breast pumps, babies can get milk through direct feeding, bottles, or donated milk.[2]

As shown in the Introduction, breastfeeding provides extensive health benefits. Black babies who are breastfed for just two months have half the SIDS (sudden infant death syndrome) risk. The babies don't have to get only breast milk - they can also be supplemented with formula and still get these benefits. This is especially important because Black babies are more likely to die from SIDS than babies from other racial groups.

Current Challenges in Healthcare

Healthcare providers can promote or discourage breastfeeding. Serena Williams, Shalon Irving, Allison Felix, and Kira Johnson were all dismissed by providers during pregnancy and postpartum complications, and sadly, Shalon and Kira did not survive to share their stories. Traumatic birthing experiences negatively affect breastfeeding physically and mentally,[3] and Black women are more likely to have these experiences.

The Surgeon General's Call to Action to Support Breastfeeding Report[4] identified healthcare professionals as essential for breastfeeding education, providing specific action guides for doctors, nurses, and health leaders. The US Preventive Services Task Force (USPTF) also provides an updated 2025 clinician summary on how to implement primary care interventions to support breastfeeding.[5]

Hospital Practices and Policies



Baby formula companies historically influenced hospital practices, making formula a convenient default. The Baby-Friendly Hospital Initiative (BFHI) supports breastfeeding through skin-to-skin contact, rooming-in, and early breastfeeding.

However, BFHI faces limitations for African American families:

- Staff may assume Black families prefer formula
- BFHI hospitals often aren't located in predominantly Black communities
- Families lack ongoing lactation support after hospital discharge

Tools for Healthcare Providers:

- **Baby-Friendly Hospital Initiative:** This global program provides hospitals with a comprehensive framework (the "10 Steps to Successful Breastfeeding") to support breastfeeding from birth. The 10 Steps framework should be applied equitably.
- **Community partnerships:** Hospitals and medical practices should partner with local WIC Peer Counselor Programs and Centering Pregnancy and Parenting models of care. The "Continuity of Care in Breastfeeding Support: A Blueprint for Communities," developed by the National Association of County and City Health Officials and U.S. Breastfeeding Committee, is a helpful guide.
- **Implicit bias training:** March of Dimes and the Institute for Perinatal Quality Improvement offer training to understand and address biases.
- **Diversity initiatives:** Hospitals can support staff participation in programs, such as Pathway 2 Lactation Consultant training at Historically Black Colleges and Universities (HBCUs) to recruit more diverse lactation consultants who can provide culturally concordant care to Black mothers.

Donor Milk: Critical for Premature Babies

Black babies have the highest preterm birth rates, putting them at higher risk for health problems and death.[6] Donated human milk is extremely important for the health of premature babies.



The Human Milk Banking Association of North America (HMBANA) launched the Equitable Donor Milk Access Blueprint in 2023, recommending solutions for fair access, including expanded Medicaid coverage and community partnerships.

Blueprint Recommendations:

Milk banks: Collect stories from donors, recipients, healthcare professionals, and others to inform advocacy, organizing, and public education efforts.

Policymakers: Expand Medicaid, Tricare, and commercial coverage with a specific focus on care through the first year after birth, including coverage for donor milk.

Healthcare institutions: Strengthen connections and coordination between healthcare, public health, and the communities being served.

Funders: Support programs and initiatives that seek to better understand the role of racial and gender bias in health care and expand equitable access to models of care that provide the best outcomes, including community-based programs, full-spectrum doulas, and midwifery care.

Researchers: Understanding the knowledge and attitudes regarding donor milk of providers in NICUs serving primarily low-income, Black, Hispanic, Indigenous, and other racially minoritized populations.

In 2016, **DeOnna Greenwood**'s first pregnancy was marked by an early labor. Her newborn son faced challenges with latching due to his small size. During this challenging period, her Neonatal Intensive Care Unit (NICU) nurse introduced her to the concept of donor milk. The nurse explained that donor milk could offer crucial nutrition for her premature baby, highlighting its potential benefits. This conversation was a pivotal moment for DeOnna, as it helped her recognize the immense value of donor milk. As the weeks went by, DeOnna discovered she was an overproducer—her milk supply far exceeded her baby's needs. Her nurse shared the surplus milk could be donated to other infants facing similar challenges. Eager to support other families in need, DeOnna embraced the opportunity to donate her excess milk during both pregnancies, totaling over 10,000 ounces of milk donated.

African American moms donate milk

For more information about equitable access to donor milk, click the links to access the Blueprint report and toolkit.

Want to find a HBNABA member milk bank in your area? Click here.

Insurance Coverage

Insurance coverage for breastfeeding support varies widely across the country. Most health plans under the Affordable Care Act must cover breast pumps and lactation

counseling, but older "grandfathered" plans don't have to. The type of pump you get depends on your insurer—some provide rentals, others give you a new pump.

Medicaid covers about 4 out of every 10 U.S. births and includes breastfeeding support, but benefits differ by state. States that expanded Medicaid offer more comprehensive coverage. South Carolina hasn't expanded Medicaid, but it does provide 12 months of postpartum coverage.

Some states require insurance to cover certified lactation consultants, but many don't. This means your access to professional breastfeeding help depends heavily on where you live and what insurance you have. Coverage gaps are biggest in non-expansion states.

Breastfeeding equity happens when healthcare systems provide unbiased care, supportive hospital policies, and comprehensive insurance coverage.

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CULTURAL AND SOCIETAL NORMS

NORMS

SOCIETAL NORMS

In the United States, most infants breastfeed after birth; however, only about 2 in 10 infants are still breastfeeding at 6 months of age.[1,2] From this data, we understand that the norm is that most U.S. infants are not breastfeeding as recommended. While the choice to breastfeed is personal, there are barriers in our society that make the decision to begin and continue breastfeeding more difficult.

Overcoming Societal Barriers

To address barriers within our society that make breastfeeding difficult for many families, below are some potential strategies that can address the root causes of the problem:

Returning to Work Pressure

- Advocate for comprehensive paid family leave policies at the local and state levels
- Support workplace lactation accommodation legislation beyond minimum requirements
- Join or establish employee resource groups that push for family-friendly workplace policies
- Partner with professional organizations to negotiate better lactation benefits

Family and Social Pressure

- Promote community education programs about breastfeeding benefits through healthcare systems
- Support culturally responsive breastfeeding education in diverse communities
- Advocate for healthcare provider training on addressing family dynamics and cultural barriers

- Create peer support networks through community organizations and faith-based groups

Public Breastfeeding Shame

- Advocate for "breastfeeding welcome" certification programs for businesses and public spaces
- Support public awareness campaigns, such as Breastfeeding Awareness Month and Black Breastfeeding Week, that normalize breastfeeding in community settings
- Push for improved lactation facilities in public buildings, airports, and shopping centers
- Collaborate with local governments to ensure adequate breastfeeding infrastructure

Formula Pressure

- Advocate for stricter regulation of formula marketing practices in healthcare settings
- Support policy changes requiring transparent disclosure of formula company funding in medical education
- Promote institutional policies that limit formula company influence in hospitals and clinics
- Champion community-based lactation support programs independent of commercial interests

CULTURAL NORMS: FROM PAST TO PRESENT

"[I remember] teaching [my daughter] about the history of enslaved women wet nursing for their white slave owner's children. Breastfeeding should not be something that is taboo in our communities because we were the first to do it. I told her, 'We fed their [white] babies, so why don't we think we should feed our own?' I don't know why we ever stopped breastfeeding." – Valerie[3]



The Legacy of Slavery



Forced wet nursing required enslaved Black women to breastfeed enslavers' children, often depriving their own infants of nutrition and bonding. This turned breastfeeding into forced labor, creating trauma. The legacy may contribute to current low rates, where breastfeeding became associated with oppression while bottle-feeding represented freedom.[4]

After Slavery: Continued Challenges

Black Codes, Jim Crow laws, and economic hardship forced Black women into low-wage jobs. The Great Migration isolated them from family support.[4] Today's impact: African American women are still more likely to work in low-wage jobs without paid leave, which makes it difficult to continue breastfeeding after birth, contributing to persistently low breastfeeding rates.

Formula Marketing's Impact

Marketing positioned formula as prestigious for wealthy White women, creating stigma around breastfeeding for Black women. Aggressive campaigns like the Fultz quadruplets and offering formula subsidies through hospitals and WIC programs.[4] While WIC offers breastfeeding programs, unfortunately, African Americans have the lowest participation rates.



Medical Mistrust

Medical experimentation on enslaved women, the Tuskegee Syphilis Study, and forced sterilizations have contributed to great mistrust in healthcare. Present-day racism and discrimination reinforce this mistrust.

How Racism Continues to Impact Breastfeeding

According to Dr. Camara Jones' Gardener's Tale[5], there are three types of racism:

Type	Definition	Example	Breastfeeding Impact	Solutions
Institutionalized	Different access to goods and services by race	Lack of Baby-Friendly hospitals in Black communities	Limit breastfeeding support access	Advocate for Baby-Friendly practices in all communities
Personally Mediated	Different assumptions about abilities based on race	Providers assume Black women don't want to breastfeed	Creating barriers to education and resources	Implicit bias training for healthcare providers
Internalized	Accepting limited sense of self due to systemic racism	Doubting Black lactation consultant's expertise	Undermines confidence and information-seeking	Promote Black-led breastfeeding initiatives

What Can We Do to Address These Barriers?

1. **Acknowledge Historical Trauma**: Recognize and create safe spaces to discuss traumatic history, validating concerns, and the impact on current practices.
2. **Promote Culturally Informed Education**: Offer programs that respect African American history, addressing stigma by highlighting benefits and empowering choice.
3. **Leverage WIC Breastfeeding Programs**: Collaborate with and enhance promotion of WIC's breastfeeding support through community outreach and culturally responsive education.
4. **Establish Support Networks**: Encourage community networks where mothers find social support and empowering resources.
5. **Engage Community Leaders**: Collaborate with African American leaders, birth workers, faith organizations, and other community groups.

Building Trust Through Social Media

U.S. Black adults trust doctors most for health information, and one-third use social media weekly for health updates. This means social media platforms are crucial for promoting breastfeeding.



The frequent use and trust in social media for health information mean we must use these platforms to promote breastfeeding among African Americans.

One of our mantras is, "*There is no Black breastfeeding if there is no Black maternal and infant health.*" When looking to promote breastfeeding, the social media strategy should also promote better maternal and infant health among Black families. This can help broaden your social media content, audience, and potential partnerships.

Tips for Creating an Effective Social Media Strategy

1. Spotlight Culturally Relevant Stories and Voices

- Share stories and images of African American mothers, fathers, and families who have embraced breastfeeding, showcasing diverse experiences
- Personal narratives and stories from community role models and birth workers can make the content relatable and authentic

2. Provide Practical Support and Resources

- Post content with actionable advice, like tips for overcoming breastfeeding challenges, local and virtual support groups, and resources
- Partnering with trusted community organizations and lactation consultants can provide a stronger support network and empower families with practical knowledge

3. Use Inclusive and Positive Language

- Craft messages affirming breastfeeding benefits for both baby and parent without stigmatizing those who choose other feeding methods
- Emphasize choice and empowerment, framing breastfeeding as a positive, culturally affirming practice rather than a "requirement"

4. Leverage Influencers and Community Leaders

- Collaborate with respected influencers, community leaders, and healthcare professionals who can advocate for breastfeeding within the community
- Their voices can amplify messages, increase trust, and spark conversations within their networks

5. Educate on Historical and Health Aspects

- Share historical context to build awareness around systemic barriers that may have impacted breastfeeding rates, coupled with evidence-based health benefits specific to Black families
- This can empower families with knowledge and context, building a stronger community around breastfeeding advocacy

Helpful Resources for Social Media

If you are new to social media, we suggest you find existing templates and toolkits to use as a model for your own. Here are a few we identified that are related to breastfeeding and maternal and infant health as a starting place:

- National WIC Association Social Media Toolkit
- WIC Breastfeeding Support Social Media Strategy and Playbook
- WIC Social Media How-to-Guide
- WIC Breastfeeding Facebook Support Groups Toolkit

Breastfeeding isn't just a personal choice—it's a public health responsibility that requires family-friendly policies, communities working together, and research that centers lived experiences.

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STRATEGIES

Putting the Plan In Action

For any plan to work it must be a team effort. For the team to be successful, each person must know and understand their role and responsibilities.

Action Plan For Breastfeeding Parent

- **Educate yourself.** Learn the basics of breastfeeding. Develop a plan of what you want your breastfeeding journey to look like but be open and understanding that changes may take place. Consider any troubleshooting needs early.
- **Returning to work.** Review tips on returning to work. Make plans to speak to your employer and express your needs for support.
- **Identify your sources of support.** Find out who your local lactation consultants are and consider meeting to identify one you feel comfortable with. You can work together to develop breastfeeding goals. Consider attending breastfeeding classes to learn more about the process. Find out about postpartum mental health resources. Being aware of what exists can be helpful if assistance is needed.

Action Plan For Family/Support Person

- **Educate yourself.** Learn the basics of breastfeeding and common challenges. Attend breastfeeding class with the breastfeeding parent if possible and know where to find help if needed.
- **Emotional/Practical Support.** Offer encouraging words and assistance. Be patient and show understanding. You can make sure they have food to eat and plenty of water for hydration. Help with laundry, washing dishes or bottles if pumped milk is used. Offer to watch the baby so they can shower or rest.
- **Support Routines.** Help with older children or pets so daily routines can be managed. Help with tracking baby care and feedings. Consider completing needed shopping or running necessary errands.
- **Boundaries.** Support choice if breastfeeding to feed in public or around others. Help to provide safe space to do so.
- **Involved.** Small wins and milestones are a cause for celebration! Check in by asking how they are doing. Be open to learning about the breastfeeding process as experience is unique and can different even with multiple children.

Consider using these checklists to assist you in achieving these goals!

🏷️ Breastfeeding Toolkit Checklist

For Moms / Caregivers

📘 Education & Guidance

☐ Breastfeeding basics guide (positions, latch, frequency)
☐ Troubleshooting tips for common issues (e.g., pain, engorgement)
☐ Information on milk supply and cluster feeding
☐ Pumping and milk storage guidelines
☐ Tips for breastfeeding in public and returning to work

🎒 Essential Supplies

☐ Nursing bras and tops
☐ Nipple cream (lanolin or natural alternatives)
☐ Nursing pads (disposable or reusable)
☐ Manual or electric breast pump
☐ Milk storage bags or containers
☐ Burp cloths and wipes
☐ Nursing pillow

📊 Tracking & Organization

☐ Feeding and diaper log
☐ Growth/weight tracker
☐ Schedule for pumping or feeding (optional)

🤝 Support Resources

☐ Contact list for local lactation consultants (IBCLCs)
☐ Information on breastfeeding support groups (e.g., La Leche League)
☐ 24/7 breastfeeding support hotline
☐ Postpartum mental health support resources
☐ Partner/family support plan

🤝 Breastfeeding Support Checklist

For Family Members & Support Persons

🧠 Learn & Understand

☐ Learn the basics of breastfeeding (why it's important, how it works)
☐ Understand common breastfeeding challenges (e.g., latch issues, cluster feeding, night feedings)
☐ Attend a breastfeeding class (if invited or available)
☐ Know where to find help (lactation consultant, hotline, WIC, etc.)

💬 Emotional Support

☐ Offer words of encouragement and reassurance
☐ Be patient and understanding during emotional or tiring moments
☐ Protect the parent's space and rest time from unnecessary interruptions
☐ Encourage them to seek help when needed—don't try to "fix" everything

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🧹 Practical Support

☐ Handle household chores (laundry, cooking, cleaning)
☐ Change diapers or burp the baby after feedings
☐ Bring snacks and water to the breastfeeding parent during feeds
☐ Take over baby care between feedings so they can rest or nap
☐ Help with older children or pets

🕐 Logistics & Routine

☐ Help track feedings and diaper output if needed
☐ Organize or prepare bottles for pumped milk (if applicable)
☐ Wash and sanitize pump parts and bottles
☐ Help manage breastfeeding supplies (buying nursing pads, creams, etc.)

🛡️ Advocacy & Boundaries

☐ Support the parent's choice to breastfeed in public or around guests
☐ Set boundaries with visitors to prioritize rest and privacy
☐ Help communicate the feeding schedule to others (so they're not disturbed)

❤️‍🩹 Stay Involved

☐ Celebrate small wins and milestones (first good latch, increasing supply)
☐ Check in emotionally—ask how *they're* doing, not just how the baby is
☐ Keep learning—breastfeeding changes over time (growth spurts, weaning)

Action Plan for Healthcare Providers/Educators

- **Awareness.** Be aware of breastfeeding guidelines. Acknowledge bias (personal, cultural, racial) and understand differences may exist. Be educated on how to support the patient based on their specific needs and not on assumptions.
- **Breastfeeding Readiness.** Determine patient readiness by discussing breastfeeding during antenatal visits. These discussions should happen often and early so the patient understands the changes their body is making to prepare for breastfeeding. Be aware of resources to direct the patient to.
- **Training.** Complete training modules on breastfeeding. This will be a great way to stay abreast of changes and new policies. Complete cultural competence training for support and consider providing training for staff.

Action Plan for Employers

- **Policy.** Understanding policy and laws surrounding breastfeeding requirements for employers. Share policies and procedures with the breastfeeding parent and other employees. Make sure accommodations are appropriate and management is trained on ensuring they are provided.
- **Privacy.** Ensure that a clean and private space is made available for the breastfeeding parent. Make sure the space has the basic needs to support successful pumping or breastfeeding. Maintain cleanliness of the space. Allow space for pumping equipment and offer access or ability for milk storage in space that is clean and appropriate.
- **Making Time.** Ensure that the breastfeeding parent has appropriate break time by being flexible of needs and allowing enough time to appropriately complete milk expression.
- **Communication.** Promote a breastfeeding friendly workplace culture. Display signs or posters acknowledging breastfeeding rights and your support to honor this. Encourage peer support between employees.

Consider using these checklists to assist you in achieving these goals!

🩺 Breastfeeding Toolkit Checklist

For Healthcare Providers / Educators

📘 Clinical & Educational Tools

☐ WHO/UNICEF breastfeeding guidelines
☐ Breastfeeding position and latch charts
☐ Printable handouts for parents (English and other languages)
☐ List of culturally sensitive lactation education materials
☐ Breastfeeding assessment checklist (for latch, milk transfer, and positioning)

💬 Counseling & Support

☐ Counseling scripts or talking points for antenatal and postnatal visits
☐ Myths vs. facts handout for breastfeeding education
☐ Breastfeeding readiness checklist for discharge planning
☐ Pain and complication management reference guide
☐ Materials for fathers, partners, or support persons

🧭 Community & Referral Resources

☐ Directory of certified lactation consultants (IBCLCs)
☐ List of WIC and other community breastfeeding support programs
☐ Referral contact for mobile lactation services (if applicable)
☐ List of breastfeeding-friendly clinics and hospitals

🎓 Training Materials

☐ Staff orientation or refresher training guide on breastfeeding support
☐ Baby-Friendly Hospital Initiative (BFHI) training modules
☐ Cultural competency training for lactation and infant feeding support
☐ Annual training tracker for clinical staff and peer counselors

🏢 Breastfeeding Toolkit Checklist

For Employers / HR Departments

⚖️ Policy & Legal Compliance

☐ Comply with federal laws (e.g., U.S. PUMP Act, FLSA break time & space requirements)
☐ Develop and share a written workplace lactation policy
☐ Include lactation policy in the employee handbook and onboarding materials
☐ Ensure all managers and supervisors are trained on breastfeeding accommodations
☐ Provide information on state-specific lactation laws (if applicable)

🏠 Private Space & Facilities

☐ Provide a clean, private, non-bathroom space for pumping or breastfeeding
☐ Ensure the space has:
  ☐ Electrical outlet
  ☐ Comfortable chair
  ☐ Flat surface for pump and supplies
  ☐ Lockable door or clear signage when in use
☐ Maintain cleanliness and accessibility of lactation space

🕒 Scheduling & Break Time

☐ Allow flexible break times for milk expression
☐ Work with employees to coordinate schedules that support pumping needs
☐ Avoid docking pay for reasonable break time taken for expressing milk
☐ Educate team leads on how to respect and uphold break times

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📢 Communication & Culture

☐ Promote a breastfeeding-friendly workplace culture
☐ Provide lactation resources during onboarding and parental leave discussions
☐ Display signs or posters supporting breastfeeding rights
☐ Encourage peer support or mentorship between breastfeeding employees

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🛠️ Tools & Resources

☐ Provide or allow storage for breast pumps and accessories
☐ Offer access to a refrigerator for milk storage (or provide cooler bags if needed)
☐ Share community resources (e.g., lactation consultants, WIC, local clinics)
☐ Consider offering an Employee Assistance Program (EAP) that includes lactation support

Action Plan for Community Members

- **Awareness.** Learn the rights of breastfeeding. Train staff tools needed to be respectful to breastfeeding parents. Display inclusive messaging so breastfeeding parents know they are welcome.
- **Facilities.** Offer clean and comfortable private area for breastfeeding for those who need to do so privately. Optional "family areas" are great idea that can offer kid friendly seating or toileting needs.
- **Visibility.** Consider signs or decals that let breastfeeding parents know that you offer resources to support their needs.

Consider using this checklist to assist you in achieving these goals!

🏠 Breastfeeding Toolkit Checklist

For Community Members: Churches, Restaurants, and Public Spaces

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🧠 Awareness & Education

☐ Learn about the rights of breastfeeding families (federal and local laws)
☐ Train staff/volunteers on how to respectfully support breastfeeding parents
☐ Display inclusive messaging (e.g., "Breastfeeding Welcome Here" signage)
☐ Share educational resources (flyers, posters, bulletin inserts)

🪑 Facilities & Environment

☐ Provide a comfortable, clean, and private area for those who prefer to breastfeed discreetly (optional, not required)
☐ Allow breastfeeding in all public areas where families are welcome
☐ Ensure seating areas are welcoming for nursing parents (e.g., chairs with armrests, shaded areas)
☐ If space allows, provide an optional "family area" with quiet or kid-friendly seating

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🤝 Supportive Culture & Communication

☐ Affirm that breastfeeding is normal, healthy, and welcomed
☐ Educate congregation members, patrons, or guests about your support for breastfeeding
☐ Address concerns or complaints in a way that upholds the rights of nursing parents
☐ Invite feedback from parents on how to improve the breastfeeding-friendly environment

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🔗 Partnerships & Resources

☐ Partner with local public health offices or WIC programs for breastfeeding materials
☐ Include breastfeeding resources in community bulletin boards or newsletters
☐ Host or promote parenting or breastfeeding support groups (if applicable)
☐ Provide referrals to local lactation consultants or family health programs

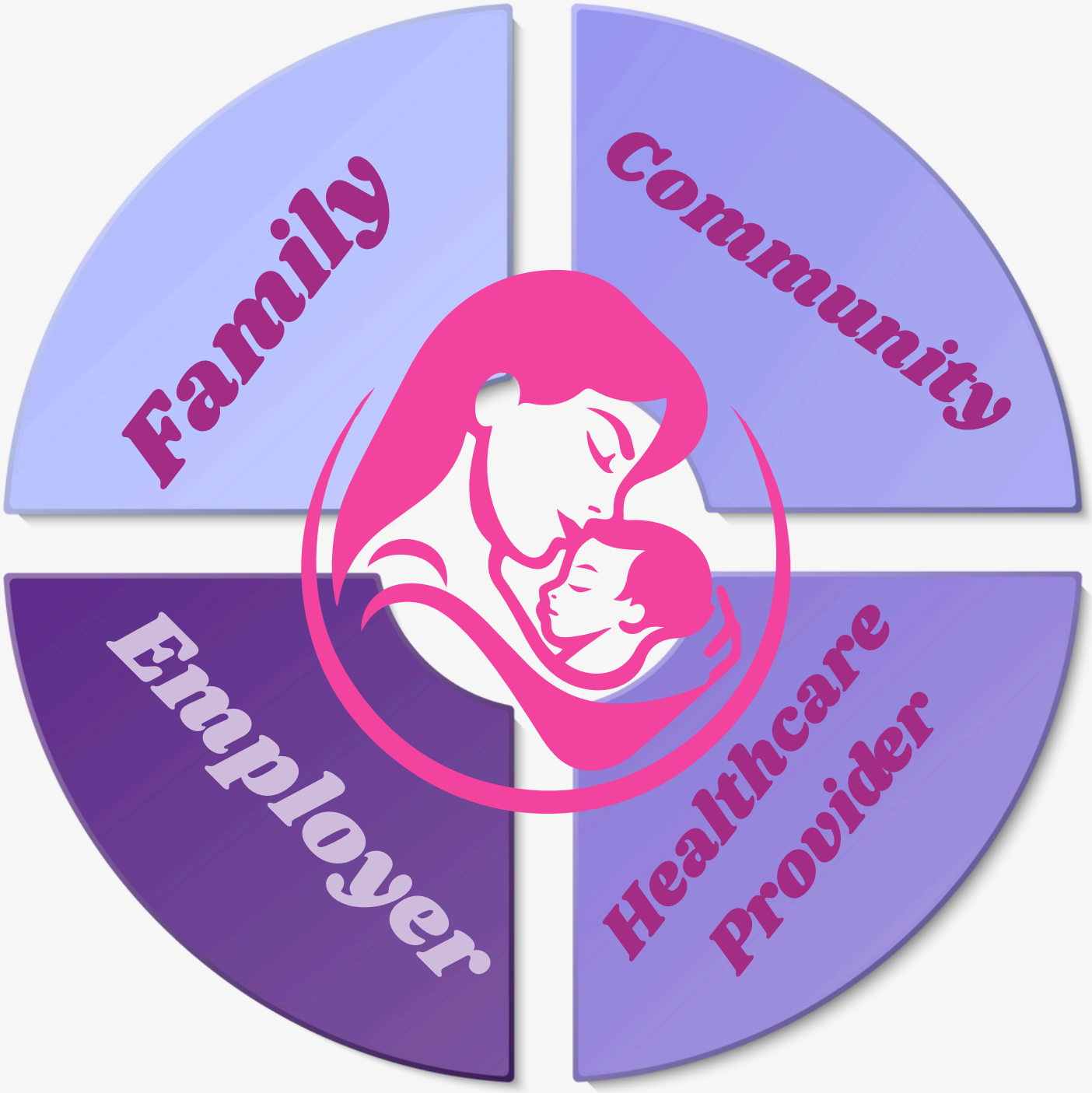
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🌎 Public Messaging & Visibility

☐ Use window decals or signs that say "Breastfeeding Welcome Here"
☐ Include support for breastfeeding families in your mission, values, or accessibility statements
☐ Feature photos or stories of breastfeeding families in community materials (with permission)

RESOURCES

Breastfeeding Support Model



Breastfeeding parents feel most supported when everyone does their part!

Description of existing resources that address aspects of breast/chest feeding equity

Resource/Program	Organization(s)	Focus/Description
African American Breastfeeding Network (AABN)	African American Breastfeeding Network (AABN)	Provides culturally relevant breastfeeding support, doula care, prenatal and postpartum services, and in-home or virtual lactation consultations, centering Black families and experiences in Milwaukee and surrounding communities
Baby-Friendly Hospital Initiative (BFHI)	Baby-Friendly USA, Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS)	Hospital designation program promoting evidence-based breastfeeding care
Birth & Breastfeeding Leadership Institute	Black Mothers' Breastfeeding Association (BMBFA)	A virtual national leadership development program designed to advance community-level leadership for racial justice and equity in maternal-child health, with a focus on birth and breastfeeding
Black Breastfeeding Week	Black Breastfeeding Week	An annual national campaign (August 25–31) featuring events, education, and advocacy to raise awareness, celebrate, and support Black breastfeeding families and address racial disparities in breastfeeding.
Black Mothers' Breastfeeding Association (BMBFA)	Black Mothers' Breastfeeding Association (BMBFA), Reaching Our Sisters Everywhere (ROSE), HealthConnect One	Community-led, culturally relevant support and advocacy for Black families
Breastfeeding & Infant Feeding Studies	Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services	Research studies and findings related to breastfeeding and infant feeding practices
Breastfeeding Data	Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services	Overview of the CDC's breastfeeding data collection, reporting, and available resources
Breastfeeding Equity Center	Boston Medical Center	Clinical, research, and educational initiatives to support diverse patient populations
Breastfeeding Initiation Rates	Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services	County-level and demographic data on the rates at which infants begin breastfeeding
Breastfeeding Report Card	Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services	Biennial report with state-by-state data on breastfeeding practices and supports

Continuity of Care in Breastfeeding Support: A Blueprint for Communities	National Association of County and City Health Officials (NACCHO), with partners	A comprehensive public health–focused blueprint to build local capacity for community-driven breastfeeding support, prioritizing populations facing structural barriers. It promotes continuous, accessible, and coordinated breastfeeding services and supportive community spaces
It's Only Natural	Office on Women's Health, U.S. Department of Health and Human Services	Online breastfeeding information and education resource for African American women
mPINC™ Survey	Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services	National survey assessing maternity care practices in hospitals and birth centers to support breastfeeding
mPINC™ Ten Steps Assessment Tool	Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services	Assessment tool for hospitals and birth centers to evaluate their implementation of the Ten Steps to Successful Breastfeeding
NIS-Child Breastfeeding Rates	Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services	Data from the National Immunization Survey-Child (NIS-Child) on breastfeeding rates at national and state levels
Primary Care Interventions to Support Breastfeeding: Evidence Review and Recommendations (2016)	U.S. Preventive Services Task Force	Systematic review of the evidence on the benefits and harms of breastfeeding interventions and recommendation statement. An update of this evidence is currently in progress
Public Opinions About Breastfeeding	Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services	Survey results and reports on public attitudes and opinions regarding breastfeeding in the U.S.
Resource Library: Continuity of Care in Breastfeeding Support	National Association of County and City Health Officials (NACCHO), with partners	Curated resources organized by recommendation area to support implementation of the blueprint. Covers topics such as community health strategies, policy and systems change, referral systems, data collection, workforce education, cultural humility, and advocacy
Saving Tomorrow Today: An African American Breastfeeding Blueprint	Reaching Our Sisters Everywhere (ROSE)	Presents breastfeeding initiation and duration data, and breastfeeding challenges and gaps in the African American community and identifies resources that are making a difference.
Surgeon General's Call to Action to Support Breastfeeding (2011)	Office of the Surgeon General, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services	Describes a society-wide approach to reduce barriers and support families who are breastfeeding
U.S. Breastfeeding Committee (USBC)	U.S. Breastfeeding Committee (USBC)	National coalition advancing equity-centered breastfeeding policy and practice
USPSTF Updated Recommendations on Breastfeeding Support (2025)	U.S. Preventive Services Task Force	Updated recommendations on primary care interventions to support breastfeeding, with a focus on populations with lower rates

WIC Breastfeeding Support	United States Department of Agriculture (USDA), Food and Nutrition Service (FNS)	Federal program offering education, counseling, and material support for low-income families

Some resources for perinatal mental health

Resource/Program	Organization(s)	Brief Description
988 Suicide & Crisis Lifeline	Substance Abuse and Mental Health Services Administration (SAMHSA)	24/7 free and confidential crisis support for anyone in emotional distress or suicidal crisis; accessible by calling or texting 988.[1]
AIM Perinatal Mental Health Bundle	Alliance for Innovation on Maternal Health (AIM), American College of Obstetricians and Gynecologists (ACOG)	Readiness, screening, response, and education tools for integrating mental health care into perinatal care, including trauma-informed and anti-racism training, workflows, protocols, and referral pathways.
Educational Resources for Providers, Patients, and Families	American College of Obstetricians and Gynecologists (ACOG)	Downloadable and printable resources, discussion tools, posters, and brochures for providers, patients, and families; available in English and Spanish.
Hear Her Campaign	Centers for Disease Control and Prevention (CDC)	National campaign to raise awareness of urgent maternal health warning signs, including mental health; resources for pregnant and postpartum individuals, with tailored materials for American Indian/Alaska Native communities.
Maternal Mental Health Leadership Alliance (MMHLA)	Maternal Mental Health Leadership Alliance	Advocacy, education, and policy organization advancing maternal mental health care, equity, and access; resource hub for providers and families.
Moms' Mental Health Matters	National Institutes of Health (NIH), Eunice Kennedy Shriver National Institute of Child Health and Human Development	Free educational materials (posters, tear pads, postcards) in English and Spanish to raise awareness and reduce stigma around perinatal mental health.
National Maternal Mental Health Hotline	Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services	24/7 free, confidential support via call or text (1-833-852-6262) for pregnant and postpartum individuals, with professional counselors, referrals, and culturally/trauma-informed care in English, Spanish, and 60+ languages
National Strategy to Improve Maternal Mental Health Care	SAMHSA, U.S. Department of Health and Human Services	Whole-government strategy with recommendations for infrastructure, access, equity, prevention, and community engagement in maternal mental health and substance use care.
Perinatal Psychiatry Access Programs	State health departments, Lifeline for Moms, and partners	State-based programs offering consultation, education, and referral support for clinicians managing perinatal mental health conditions.

Policy Center for Maternal Mental Health	Policy Center for Maternal Mental Health	Nonprofit think tank focused on policy, research, and cross-sector collaboration to close gaps in maternal mental health care; provides landscape surveys and implementation resources.
Postpartum Support International (PSI)	Postpartum Support International	National helpline (1-800-944-4773), text support, online support groups, peer mentor program, provider directory, and resources in English and Spanish for perinatal mood and anxiety disorders.
Task Force on Maternal Mental Health	Office on Women's Health (OWH), SAMHSA, U.S. Department of Health and Human Services	Federal task force evaluating and recommending best practices, policies, and programs to address maternal mental health and substance use disorders, with a focus on equity and trauma-informed care.

QUESTIONS? CONTACT US.

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