The Centers for Disease Control and Prevention (CDC) and state health departments collaborate on a number of areas to prevent and control obesity and other chronic diseases. One of those areas is breastfeeding. These highlights focus on state health departments’ coordinated efforts to implement strategies that increase access to breastfeeding support in communities.

The following states were selected to highlight because their efforts include:

- **Comprehensive Change**—activities enable the alteration of broader societal trends, and maintain or enhance physical environments in a state to support and provide more opportunities for women to breastfeed.
- **Collaboration**—state health departments play a major role working with partners or local communities to move activities forward.
- **Significant Reach**—activities have the potential to affect a large proportion of the intended target population.
- **Replicability and Transportability**—activities can be duplicated and similar effects can be achieved by other similar entities.
- **Potential for Sustainability**—activities and effects can endure without continued financial and programmatic investment.

### New York: Creating Breastfeeding Friendly Environments

In 2012, the New York State Department of Health (NYSDH) worked with the P2 Collaborative of Western New York and United Way of Buffalo and Erie County’s Healthy Start Healthy Future for All coalition to expand and improve breastfeeding support services by providing funding, training, and technical assistance to a network of 12 organizations serving mothers, infants, and young children. The project, Breastfeeding Friendly Erie County, aimed to increase exclusive breastfeeding from hospital discharge through 3 months among low income women residing in communities of color who participate in WIC and Medicaid.

Breastfeeding Friendly Erie County objectives focused on building partnerships and networking with the 12 participating organizations to create a coordinated system of breastfeeding support in Erie County communities of color. Some of the project’s objectives included developing and promoting a Breastfeeding Friendly Practice designation for healthcare providers’ offices; increasing the number of child care settings, community, and faith-based organizations that are breastfeeding friendly; and increasing access to places women can go for informal social support and expert breastfeeding consultation.

One accomplishment of the project was the establishment of Baby Cafés® in faith-based and community-based organizations in communities of color in Erie County. Baby Café® is a non-clinical café style environment that offers breastfeeding social support or professional counseling to mothers and pregnant women. The project took several steps to establish Baby Cafés®, such as engaging community-based organizations to obtain space, providing a webinar on “What is a Baby Café?” that provided guidance on applying for a license and opening a Baby Café, and evaluating options for shared financial support and staffing. By March 29, 2014, six Baby Cafés® were established in Erie County.

Strong local leadership was the key to sustaining and expanding breastfeeding supports and services established by Breastfeeding Friendly Erie County. The United Way of Buffalo and Erie County and the Erie County Department of Health have partnered to secure funding from multiple sources. With secured funding, six Baby Cafés® continue to operate in Erie County and three additional Baby Cafés® have been established in neighboring counties.
California: Building a Continuum of Care for Breastfeeding

The California Department of Public Health (CDPH) has made significant efforts to increase breastfeeding rates in California's underserved communities by enhancing care at community clinics. In 2012, the CDPH developed the Breastfeeding Support in California Community Clinics statewide pilot project to build a better “Continuum of Care” for breastfeeding moms. To provide high-quality, culturally competent breastfeeding promotion, support and care services during the perinatal period, CDPH worked collaboratively with the Women, Infants, and Children Division, the Maternal, Child and Adolescent Health Division, the California WIC Association (CWA), and the California Breastfeeding Coalition (CBC) on the pilot project. CDPH selected and funded 15 community health clinic organizations to plan and implement environmental and procedural changes to improve support for breastfeeding women and their infants.

As part of the project, CDPH, CWA, and CBC formed an expert panel that guided the development of the draft *Nine Steps to Breastfeeding Friendly Guidelines and Evaluation Criteria for Community Health Centers and Outpatient Care Settings* document. The *Nine Steps* were created in a similar fashion as the *Ten Steps for Successful Breastfeeding* document and serve as a model for other clinics working to improve breastfeeding practices. CDPH is in the process of releasing the final *Nine Steps* document and distributing it electronically to clinics and health centers across California.

Indiana: Taking the Initiative for Breastfeeding Support

The Indiana State Department of Health’s (ISDH) Division of Nutrition, Physical Activity and Obesity partnered with the Indiana Perinatal Network, the Indiana Breastfeeding Coalition, and the State Breastfeeding Coordinator to develop and implement the Community Breastfeeding Support Initiative (CBSI). ISDH and partners provided funding and technical support to community-based organizations (CBOs) to address barriers that breastfeeding mothers encounter and increase support for breastfeeding initiation and duration, especially for women of color. Under CBSI, 13 CBOs were funded and provided training throughout the project period.

Each CBO worked independently to expand existing breastfeeding support in their respective communities, outlining specific breastfeeding goals and relaying data to CBSI program staff. For example, Well Babies at Walgreens, a program that offers breastfeeding drop-in services such as consultation, weight checks, peer support, and equipment rental, was able to expand existing breastfeeding support under CBSI.

Well Babies expanded services to an additional Walgreens location, offered prenatal breastfeeding classes, trained pharmacists in lactation support, and offered breastfeeding reference material to more than 70 Walgreens locations and 15 nurse practitioner clinics in central Indiana.
All but one of the 13 community-based organizations (CBOs) have been able to sustain or expand activities supported by CBSI. They have done so through leveraging additional funding from organizations such as Minority Health Coalition and local hospital Community Benefit grant dollars or establishing strategic partnerships. In some cases, breastfeeding support was added to a job description or as a line item in a hospital’s budget.

For example, in February 2015, Well Babies at Walgreens partnered with a neighboring hospital system to help staff a Well Babies location with lactation professionals from the hospital.

In addition to the Community Breastfeeding Support Initiative, the state breastfeeding coordinator, the Indiana Breastfeeding Coalition (IBC), the Indiana Perinatal Network (IPN) and Indiana’s Division of Nutrition, Physical Activity and Obesity (DNPA) supported several breastfeeding related events in 2014, such as the 5th Annual Perinatal Hospital Summit. The Perinatal Hospital Summit brought together high-level clinical and administrative leaders from all of Indiana’s delivering hospitals. In total, 230 people attended, and 91 of Indiana’s 94 delivering hospitals were represented. Events such as this summit provided opportunities for IBC, IPN, DNPA, the state breastfeeding coordinator, and the 13 CBOs to maintain and continue relationships built during the grant period.

Massachusetts: It Takes a Community to Support Breastfeeding

In 2012, the Massachusetts Department of Public Health (MDPH) partnered with WIC and Mass in Motion (Massachusetts’s obesity prevention initiative) to improve breastfeeding support and care for Massachusetts mothers through community-based post-discharge resources for women and their families. MDPH provided funding to communities already involved with Mass in Motion (MiM) and required new or established programs to coordinate with local WIC programs. Communities funded by MDPH developed individualized implementation plans and provided education, peer mentoring, access to post-discharge care, and other supportive services to breastfeeding mothers in their communities. In total, grants were awarded to six Breastfeeding Continuity of Care Teams (BCCTs) and three Baby Cafés®. Each BCCT was led by a nonprofit community-based organization (CBO) and made up of at least three participating CBOs.

Each BCCT made considerable achievements during the funding period. For example, the Berkshire BCCT, which was made up of a total of seven CBOs, provided greater breastfeeding support to women served by CBOs on the team. One mother who attended Berkshire Nursing Families, the lead CBO in the Berkshire BCCT said, “Just when you’re wondering why the baby is feeding constantly or why she no longer wants to nurse on one side, someone from Nursing Families calls and asks how things are going. I’ve really appreciated all the support…This kind of continual, warm, non-judgmental support is very, very special.”

Several of the communities that received funding have managed to sustain their programs. For example, Mercy Hospital and the Lynn Community Health Center, two BCCTs funded by MDPH, continue operating their Baby Cafés® to offer breastfeeding support and professional counseling to mothers and pregnant women. MDPH also continues to provide technical assistance and share potential grant opportunities to BCCTs.

Program activities have also led to collaborations between local birth hospitals, WIC programs and other related events in 2014, such as the 5th Annual Perinatal Hospital Summit. The Perinatal Hospital Summit brought together high-level clinical and administrative leaders from all of Indiana’s delivering hospitals. In total, 230 people attended, and 91 of Indiana’s 94 delivering hospitals were represented. Events such as this summit provided opportunities for IBC, IPN, DNPA, the state breastfeeding coordinator, and the 13 CBOs to maintain and continue relationships built during the grant period.
community partnerships, such as Mass in Motion. Moreover, MDPH’s partnership with Northeastern University helped leverage skilled personnel by subcontracting graduate students for data collection and evaluation of the BCCTs. Strong partnerships and experience have provided MDPH with a better understanding of what breastfeeding support systems communities need.

MDPH has now expanded its role in breastfeeding support from community-based organizations to clinics and hospitals. Through CDC funds, MDPH developed tools and trainings for breastfeeding support for professional communities, such as the online breastfeeding tutorial, Expanding Clinicians’ Roles in Breastfeeding Support: Focus on Maternal and Infant Care Prenatally and During the Hospital Stay. This tutorial complements MDPH’s first tutorial, Expanding Clinicians’ Roles in Breastfeeding Support: Continuing Medical Education. Together, the trainings accommodated the 3-hour training time component required by the Baby-Friendly Hospital Initiative© for physicians. As of March 31, 2015, 3,323 providers (physicians and nurses) have completed the course.

Michigan: Enhancing Community Breastfeeding Support

The Michigan Department of Community Health’s (MDCH) Nutrition, Physical Activity, and Obesity Prevention Program has worked to build capacity within community-based agencies, organizations, public health programs, and private entities to assist breastfeeding women in successfully meeting their breastfeeding goals. Through several strategies, including trainings, community-based peer support services, and the development and dissemination of resources, MDCH has improved efforts to address breastfeeding barriers and improve breastfeeding support at the community and state levels. For example, in 2012, MCDH partnered with nine local Breastfeeding Coalitions in Michigan to enhance post-hospital discharge support for breastfeeding mothers to encourage exclusive breastfeeding and extend breastfeeding duration through the first 6-12 months of the infant’s life. Support was primarily provided through breastfeeding support groups, where mothers received advice from International Board Certified Lactation Consultants (IBCLC) and peer counselors on topics such as returning to work, latching, and milk production.

A mother at a Jackson County support group stated, “It is great that we are able to come here and talk with mothers. I am also appreciative of the fact that an IBCLC was able to assist me when I had an issue.” Some participants indicated barriers, such as lack of transportation. As a solution, the support groups sought to “meet moms where they are at,” such as hosting meetings at convenient locations for mothers (e.g., the library). Successful strategies of the support groups included: providing incentives to program participants, hosting meetings at convenient places, and reaching out to new moms through current participants and social networking sites.

Through strong partnerships, providing technical assistance and training, and generating community awareness, MDCF continues to provide support for breastfeeding women.
to successfully meet their breastfeeding goals. For example, MDCH’s partner organization, the Black Mothers’ Breastfeeding Association, continues to convene the Black Mothers’ Breastfeeding Club™ to provide a breastfeeding support group. The Black Mothers’ Breastfeeding Club™ is a free mother-led breastfeeding support group that meets monthly in a community setting. Pregnant and breastfeeding mothers come together for fellowship and breastfeeding support. In addition, MDCH works to promote breastfeeding support in licensed Early Childhood Education centers. Out of the 18 licensed child care providers that developed or adopted nutrition-related policies according to expert recommended guidelines, six included breastfeeding support as a priority in their action plans, and five of those developed breastfeeding support policies.

For more information, go to: http://www.cdc.gov/breastfeeding