

Oregon’s 2021-2025 Title V Breastfeeding Priority
Crosswalk with *Continuity of Care in Breastfeeding Support**

Breastfeeding – Strategy #1: Promote & support laws and policies for pregnant & breastfeeding people in the workplace. Focus on populations with additional barriers.

Breastfeeding Policies, Systems and Environmental Changes

Continuity of Care Recommendation #2: Create environments that proactively promote, protect, and support chest/breastfeeding throughout the community in spaces where families live, work, play, worship, shop, travel, receive services, and raise children.

Local Level Activities	Local measures	Resources
1. Increase awareness at individual or community level of current laws that protect against discrimination during pregnancy and support breastfeeding.	a. Percent of clients/individuals who received education b. Number of partners engaged c. Number of educational events/activities conducted	Evidence: https://www.mchevidence.org/tools/strategies/4-7.php https://www.healthypeople.gov/sites/default/files/MICH_report_2020.05.04_508_0.pdf Resources: <ul style="list-style-type: none"> ▪ Know Your Rights: Pregnancy, Workplace Rights, & COVID-19 FAQ: https://www.abetterbalance.org/resources/know-your-rights-pregnancy-workplace-rights-covid-19-faq/ ▪ Your COVID-19 Workplace Rights: Breastfeeding and Lactation: https://www.pregnantatwork.org/wp-content/uploads/Rights-of-Breastfeeding-Workers-in-the-Context-of-COVID-19.pdf ▪ Office on Women’s Health. It’s only natural: https://www.womenshealth.gov/its-only-natural Social marketing campaign ▪ Oregon Breastfeeding Laws: https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/BREASTFEEDING/Pages/Laws.aspx
2. Engage workplace leaders to develop and implement breastfeeding workforce policies that promote a workplace culture of support for breastfeeding people.	a. Number of employers who receive information and technical assistance on breastfeeding support policies b. Number of partners engaged to promote workplace c. breastfeeding friendly policies	Evidence: https://www.mchevidence.org/tools/strategies/4-7.php Resources: <ul style="list-style-type: none"> ▪ Return to Work or School: https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/BREASTFEEDING/Pages/workplace.aspx ▪ Oregon Breastfeeding Laws: https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/BREASTFEEDING/Pages/Laws.aspx

**Oregon’s 2021-2025 Title V Breastfeeding Priority
Crosswalk with *Continuity of Care in Breastfeeding Support****

<p>3. Facilitate development of breastfeeding policies with local childcare providers.</p>	<p>a. Number of childcare providers partnered with b. Number of childcare providers that adopt breastfeeding friendly policies</p>	<p>Evidence: https://www.healthypeople.gov/sites/default/files/MICH_report_2020.05.04_508_0.pdf https://www.cdc.gov/breastfeeding/pdf/ece-breastfeeding-factsheet-508.pdf</p> <p>Childcare and Breastfeeding Resources:</p> <ul style="list-style-type: none"> ▪ https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/BREASTFEEDING/Pages/childcare.aspx ▪ Carolina Global Breastfeeding Institute: www.sph.unc.edu/cgbi/bfcc-toolkit
<p>4. Provide training to local childcare providers about how to support breastfeeding families and employees.</p>	<p>a. Number of local childcare providers trained</p>	<p>Evidence: https://www.healthypeople.gov/sites/default/files/MICH_report_2020.05.04_508_0.pdf https://www.cdc.gov/breastfeeding/pdf/ece-breastfeeding-factsheet-508.pdf</p> <p>Childcare and Breastfeeding Resources:</p> <ul style="list-style-type: none"> ▪ https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/BREASTFEEDING/Pages/childcare.aspx

Continuity of Care Activities:

- 2.1** Implement family-friendly policies in all spaces pregnant and postpartum families usually are. Policy examples may include but are not limited to employee/student break time for expressing human milk, designation of spaces as lactation rooms, positive messaging, paid parental leave, flexible work schedules, and infant-at-work/school policies.
- 2.2** Conduct a comprehensive analysis of internal operations to understand limitations to continuously protect, promote, support chest/breastfeeding, such as potential institutional mistrusts, and timing and locations of services offered. Identify organizational levers for change to advance CoC and incorporate breastfeeding goals into the organization’s programmatic strategic plans and as part of quality improvement efforts.
- 2.6** Identify chest/breastfeeding champions within organizations to lead and support organizational PSE changes.
- 2.7** Develop social marketing campaigns in collaboration with community members and coalitions to normalize human milk feeding. Campaigns should display culturally responsive chest/breastfeeding images, ideally with pictures of real families from the community, share supportive educational messages, and promote lactation services around the organization’s physical and virtual environments.

**Oregon’s 2021-2025 Title V Breastfeeding Priority
Crosswalk with *Continuity of Care in Breastfeeding Support****

Breastfeeding – Strategy #2: Support advanced training, coaching and quality improvement activities for home visitors related to breastfeeding.

Breastfeeding Policies, Systems and Environmental Changes

Continuity of Care Recommendation #2: Create environments that proactively promote, protect, and support chest/breastfeeding throughout the community in spaces where families live, work, play, worship, shop, travel, receive services, and raise children.

Public Health, Allied Health and Healthcare Workforce Education

Continuity of Care Recommendation #5: Increase community capacity to provide consistent, tailored, evidence-based lactation education and support by regularly training all individuals who provide services to the family unit.

Local Level Activities	Local measures	Resources
1. Provide or sponsor home visiting staff to attend advanced training and receive coaching to promote and support breastfeeding best practices	a. Percent of home visiting staff who received education about best-practices for supporting breastfeeding among new mothers	<p>Evidence: https://www.mchevidence.org/tools/strategies/4-4.php Breastfeeding Competencies for Health Care Professionals: http://www.usbreastfeeding.org/core-competencies</p> <p>Training courses:</p> <ul style="list-style-type: none"> ▪ Certificate in Human Lactation: https://ohsu-psu-sph.org/lactation/ ▪ GOLD Lactation online conference: https://www.goldlactation.com/ ▪ Healthy Children Project Center for Breastfeeding: https://centerforbreastfeeding.org/lactation-counselor-training-course/clc-certification/ ▪ iLactation online courses: https://ilactation.com/ ▪ Lactation Education Resources (LER): https://www.lactationtraining.com/ ▪ Nurturely: https://nurturely.org/ ▪ The B.L.A.C.K. Course: https://theblackcourse.com/ ▪ The Institute for Breastfeeding and Lactation Education (IABLE): https://lacted.org/

Continuity of Care Activities:

2.5 Provide required initial and ongoing competency-based education and training to all direct service staff to improve their lactation support skills. Training should include an overview of organizational policies, protocols, and workflows to support families and employees, the scope of work for each position and the internal/ external referral procedure to other types of care across the spectrum of LSPs.

5.1 Incorporate a minimum competency requirement in lactation management education for health professionals in organizations serving pregnant and postpartum families.

Oregon’s 2021-2025 Title V Breastfeeding Priority
Crosswalk with *Continuity of Care in Breastfeeding Support**

Breastfeeding – Strategy #3: Ensure that providers who serve tribal members have training in culturally specific approaches to breastfeeding promotion and support.

Family-Centered Care, Implicit Bias Awareness & Cultural Humility Approach

Continuity of Care Recommendation #6: Provide family-centered lactation care that is responsive to the intersectionality of families’ multiple identities, their social determinants of health, and other factors impacting their infant feeding journey.

Local Level Activities	Local measures	Resources
1. Assess breastfeeding/infant feeding knowledge and practices among providers who serve tribal members to identify gaps and training needs.	a. Number of providers assessed	
2. Provide training on culturally specific approaches to providers (including home visitors) who serve tribal members.	a. Number of providers trained	<ul style="list-style-type: none"> ▪ Indian Health Service Breastfeeding Promotion and Support: https://www.ihs.gov/babyfriendly/ ▪ Northwest Portland Area Indian Health Board: http://www.npaihb.org/ ▪ Oregon Intertribal Breastfeeding Coalition: https://www.facebook.com/pg/oregonintertribalbreastfeedingcoalition/about/?ref=page_internal ▪ US Breastfeeding Committee, Cultural breastfeeding coalitions directory: http://www.usbreastfeeding.org/coalitions-directory

Continuity of Care Activities:

6.1 Utilize the cultural humility (CH) approach and motivational interviewing techniques to learn about a family’s culture, values, and needs and to fix provider-client power imbalances while building trust and authentic relationships.

6.2 Actively engage in trainings to understand and recognize one’s own implicit biases to avoid prejudice and stereotyping. Individuals providing education and support to families should distinguish their personal infant feeding experiences from current research to ensure only evidence-based information is conveyed to families.

6.3 Include and engage other individuals within the family’s support system, such as spouses, significant others, siblings, and grandparents, in screening, education, care planning, counseling, and other support services.

6.4 Incorporate a shared decision-making tool to help inform a plan for lactation care (similar to a birth plan), honoring families’ preferences and values.

**Oregon’s 2021-2025 Title V Breastfeeding Priority
Crosswalk with *Continuity of Care in Breastfeeding Support****

Breastfeeding – Strategy #4: Support efforts to improve diversity in the workforce

Public Health, Allied Health and Healthcare Workforce Education

Continuity of Care Recommendation #5: Increase community capacity to provide consistent, tailored, evidence-based lactation education and support by regularly training all individuals who provide services to the family unit.

Family-Centered Care, Implicit Bias Awareness & Cultural Humility Approach

Continuity of Care Recommendation #6: Provide family-centered lactation care that is responsive to the intersectionality of families’ multiple identities, their social determinants of health, and other factors impacting their infant feeding journey.

Local Level Activities	Local measures	Resources
1. Support training for CHWs to be certified as a certified lactation counselor (CLC).	a. Number of community health workers participating in certified lactation counselors training	Evidence-base: https://www.mchevidence.org/tools/strategies/4-5.php Training courses: <ul style="list-style-type: none"> ▪ Community Health Workers as Infant feeding advisors training: https://mnbreastfeedingcoalition.org/chws-as-infant-feedingadvisors/ ▪ Healthy Children’s Project Center for Breastfeeding: https://centerforbreastfeeding.org/lactation-counselor-training-course/clc-certification/ ▪ The B.L.A.C.K. Course: https://theblackcourse.com/

Continuity of Care Activities:

5.2 Increase community access to multi-level lactation support training opportunities with continuing education credits to support maintenance of minimum competencies and skills and to train and build the local LSP workforce. Consider building community capacity to design and deliver training to others in the community, such as securing train-the-trainer certifications that certify individuals as lactation trainers.

5.4 Improve access to training and mentors and create equitable paths to career advancement opportunities to build up community-based leadership, especially for LSPs of color to better serve families of color and diversify the lactation workforce.

5.5 Establish consistent breastfeeding messaging across agencies and within the lactation workforce (LSPs and others interacting with pregnant and postpartum families) to ensure families hear the same message at every interaction, regardless of the setting. Partner with peer organizations to identify existing suitable training curricula, common educational materials, or co-create resources, as identified and needed.

6.6 Increase access to congruent lactation care that matches families’ needs and preferences, while also creating financially compensated opportunities for BIPOC, LGBTQ+, and other persons routinely underrepresented to lead, manage, and collaborate with community programs, develop lactation-related resources, deliver trainings, and other career advancement opportunities.

Oregon’s 2021-2025 Title V Breastfeeding Priority
Crosswalk with *Continuity of Care in Breastfeeding Support**

Breastfeeding – Strategy # 5: Ensure access to culturally responsive preventive clinical care for low income and undocumented women

Transfer of Care Accountability and Referral Systems

Continuity of Care Recommendation #3: Implement a care coordination system across the prenatal through weaning stages, including the development of formal referral systems, follow-up accountability, and handoff protocols during transitions of lactation care from one provider or setting to another.

Family-Centered Care, Implicit Bias Awareness & Cultural Humility Approach

Continuity of Care Recommendation #6: Provide family-centered lactation care that is responsive to the intersectionality of families’ multiple identities, their social determinants of health, and other factors impacting their infant feeding journey.

Local Level Activities	Local measures	Resources
1. Implement and expand access to culturally specific breastfeeding peer support services	a. Percent of pregnant and postpartum clients served by breastfeeding peer counselors	Evidence: https://www.mchevidence.org/tools/strategies/4-2.php Culturally specific Breastfeeding Resources: <ul style="list-style-type: none"> ▪ HealthConnect One: https://www.healthconnectone.org/ ▪ Nurturely: https://nurturely.org/ ▪ ROSE – Reaching Our Sisters Everywhere: http://www.breastfeedingrose.org/ ▪ The B.L.A.C.K. Course: https://theblackcourse.com/
2. Create formalized linkages (i.e. agreements, MOUs, referral pathways) between health care settings & community-based health initiatives and programs (e.g. CHIPs, early learning /parent HUBs) to support access to lactation services.	a. Number of linkages or agreements formalized	Evidence: https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/BREASTFEEDING/Documents/strategies-lactation-services.pdf

Continuity of Care Activities:
3.1 Improve consistency of chest/breastfeeding messaging by using evidence-based information and co-creating educational materials among lactation support providers and institutions within the community to avoid the provision of conflicting information to breastfeeding parents.

Oregon's 2021-2025 Title V Breastfeeding Priority
Crosswalk with *Continuity of Care in Breastfeeding Support**

- 3.2** Develop and continuously update an easily accessible lactation support resource guide, including an inclusive compilation of services and LSPs available in a community, such as support groups, individual counseling, virtual options, and hot/warmlines. This resource guide should be disseminated in multiple, easily accessible formats (e.g., via text, social media), given to all new families, and used by organizations.
- 3.3** Establish community-clinical linkages among healthcare providers, community-based organizations (CBOs), and other LSPs through networking and relationship building, leading to a memorandum of understanding (MOU) or other formal/ informal agreements outlining each party's responsibility to ensure a seamless transition of care. Support hospitals to strengthen evidence-based maternity care practices (such as BFHI steps 3 and 10) by outlining clear procedures for connecting to the appropriate level of care in the community.
- 3.4** Develop systems that allow safe sharing of breastfeeding-protected health information (PHI) across institutions, such as WIC, public health programs, CBOs, and healthcare systems.
- 3.5** Develop workflows with a bi-directional referral system that emphasize warm hand-offs or hand-off accountability protocols to ensure recognition of the transfer of care responsibility, transfer of pertinent family information, and potential risks for lactation discontinuation. Ensure that the family actively participates in and fully understands the hand-off plan process, voicing goals and personal preferences on selecting the next provider for continuity of care. Health agencies should leverage electronic health record (EHR) capabilities and other technologies including apps, patient portals, and telehealth, to enhance inter-professional care communication and generate e-referrals, internally and externally, and enhance timely hand-offs between senders and receivers to reduce the burden on families of having to seek help and repeat relevant personal information multiple times across care providers.
- 3.6** Designate a community lactation care coordination role to assist pregnant and postpartum families in navigating and accessing, in a timely manner, appropriate community services that primarily serve families experiencing the greatest breastfeeding inequities in the community. This coordinator should ensure that follow-up care is established and received. This role could be integrated into an existing staff responsibility, such as community health worker, perinatal coordinator, case manager, or patient navigator.
- 3.7** Facilitate an understanding of reimbursable services for lactation support at the community level and identify pathways to increasing reimbursement for all types of lactation support providers and care coordination roles.
- 3.8** Organizations serving pregnant and postpartum families should collaborate to establish a screening tool or triage system for lactation-related concerns that includes timely referrals to the appropriate level of care. It should also include options for rapid remote response outside of business hours, such as telehealth, texting platforms, or hot/warmline services. Whenever possible, refer to services and LSPs that are congruent and responsive to the family's culture, language, values, individual needs, and ensure families' ability to access the services they are being referred to.
- 6.1** Utilize the cultural humility (CH) approach and motivational interviewing techniques to learn about a family's culture, values, and needs and to fix provider-client power imbalances while building trust and authentic relationships.
- 6.2** Actively engage in trainings to understand and recognize one's own implicit biases to avoid prejudice and stereotyping. Individuals providing education and support to families should distinguish their personal infant feeding experiences from current research to ensure only evidence-based information is conveyed to families.
- 6.3** Include and engage other individuals within the family's support system, such as spouses, significant others, siblings, and grandparents, in screening, education, care planning, counseling, and other support services.
- 6.4** Incorporate a shared decision-making tool to help inform a plan for lactation care (similar to a birth plan), honoring families' preferences and values.
- 6.5** Integrate universal screening for social determinants of health that may impact infant feeding practices to identify families at-risk for suboptimal breastfeeding as part of routine prenatal and postpartum appointments and collaborate with community partners to address these factors through referrals to appropriate services.
- 6.6** Increase access to congruent lactation care that matches families' needs and preferences, while also creating financially compensated opportunities for BIPOC, LGBTQ+, and other persons routinely underrepresented to lead, manage, and collaborate with community programs, develop lactation-related resources, deliver trainings, and other career advancement opportunities.

**Oregon’s 2021-2025 Title V Breastfeeding Priority
Crosswalk with *Continuity of Care in Breastfeeding Support****

Breastfeeding – Strategy #6: Establish community based perinatal, women's and infant health advisory groups to share best practices, strategize and impact policy change. Engage affected communities including people of color in leadership.

Breastfeeding as a Community Health Improvement Strategy

Continuity of Care Recommendation #1: Integrate breastfeeding promotion, protection, and support goals into existing community health improvement strategies and as a component of health promotion programs.

Health Advocacy and the Local Breastfeeding Champion Role

Continuity of Care Recommendation #7: Assume a community champion role, beyond the provision of direct services, by identifying and engaging key stakeholders to identify and help remove structural barriers to chest/breastfeeding within systems, organizations, and the community.

Local Level Activities	Local measures	Resources
1. Convene or participate in a local community based perinatal, women’s and infant health advisory group.	a. Number of partners convened b. Number of advisory group meetings attended	<ul style="list-style-type: none"> ▪ CoalitionsWork: http://coalitionswork.com/resources/tools/ Resources and tools for coalition work ▪ Community Partners Engagement: http://bit.ly/communitypartnersengagement ▪ Human Impact Partners: https://humanimpact.org/ ▪ Prevention Institute: http://bit.ly/PreventionInstitute8 Developing effective coalitions ▪ Tamarack Institute: https://www.tamarackcommunity.ca/communityengagement ▪ Texas Department of State: Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding: http://bit.ly/wibreastfeeding ▪ The University of Chicago: https://www.solvingdisparities.org/tools/roadmap/diagnosing-the-disparity How to Conduct a Root Cause Analysis with an equity lens ▪ U.S. Breastfeeding Committee: http://www.usbreastfeeding.org Resources to support coalitions and organizations in the human milk feeding support community
1. Engage and pay community members to participate in and lead community based advisory groups.	a. Percent of advisory group consisting of community members b. Number of community members financially supported to participate in advisory groups c. Number of community members supported through training or tools to participate in advisory groups	

Oregon's 2021-2025 Title V Breastfeeding Priority
Crosswalk with *Continuity of Care in Breastfeeding Support**

Continuity of Care Activities:

1.2 Incorporate breastfeeding indicators and goals into community health assessments/community health needs assessments (CHAs/CHNAs). Integrate breastfeeding support as a strategy into community improvement plans (CHIPs) and other community health strategic plans.

1.4 Establish/enhance community partnerships among organizations implementing health promotion programs to strategically leverage resources and lactation support expertise. Ensure partners' subject matter experts are included into planning meetings and workshops. Examples of enhanced community partnerships provided.

1.5 Develop a community engagement plan to continuously strengthen working relationships with partners and community members, to better plan and co-create, (or follow community's lead on) developing programs and services. Engagement should also include other influencers in the community, such as community leaders, cultural brokers, community health workers, organizers, service providers, employers, and other related experts of their community.

7.1 Intentionally build or engage with an existing multi-sectoral coalition that represents lactation support touchpoints throughout the community and includes all voices and perspectives within the coalition to properly identify and leverage opportunities for the advancement of an equitable CoC in breastfeeding support system. Distribute leadership across the coalition to maximize the strengths of each partner for maximum effect. Adopt diversity, equity, and inclusion statements and establish practices with concrete goals for creating both safe and brave spaces within coalitions, embracing values of mutual respect for the many voices expressed. Recognize and welcome that exploratory conversations, identified levers for change, and priority strategy selections will all change fundamentally when and as new voices come to the table.

7.2 Once a diverse, multi-sectoral coalition is developed and centered, explore the gaps within CoC using a root cause analysis (equity) lens to understand what people and groups are most impacted, and which existing institutions, policies, or laws are perpetuating those gaps or present barriers to ending community breastfeeding disparities. Identify high-level levers for change that require collaborative action to build continuity of care for lactating families, and together, choose the priority strategies to tackle as a coalition. An example may include amplifying community access to pasteurized donor human milk.

7.3 Recognizing each person's capacity for allyship (being an ally), identify and use one's own privilege to advocate for local services and amplify the voices of other people in the field who do not hold the same privilege. Disseminate and promote best and promising practices, tools, resources, financial sustainability, and lessons learned from successful implementations at regional, state, and national spaces. Share useful resources with other coalitions within the state and across the nation and to those in the community providing direct services to families.

7.4 Connect breastfeeding coalitions to countywide health initiatives, usually led by LHDs and CBOs to better understand overall community experience, identify leveraging opportunities, disseminate lactation support resources, and engage with other health and non-health specialties, such as community organizers, social services, emergency preparedness, housing and transportation, community designers, etc.

**Continuity of Care in Breastfeeding Support*

<http://www.breastfeedingcontinuityofcare.org/blueprint>