MODEL BREASTFEEDING SUPPORT POLICY

for the City / County of [Our Town]

Step 1 of the Ten Steps to a Breastfeeding Family Friendly Community · Breastfeeding Family Friendly Communities

How to use this model: this policy draws on policies we have researched from around the world. Replace every bracketed field, and adapt each provision to where your community is today — the written and signed policy must include actions to support the Ten Steps, and a copy must be widely distributed at least annually, possibly during World Breastfeeding Week (in the US, National Breastfeeding Month). Email us if you would like to collaborate.

PREAMBLE

The City and County of [Our Town] respect a family's desire to breastfeed and appreciate the benefits of breastfeeding for the health of the child, the mother, the family, and the community, because breastfeeding provides the healthiest start for babies, providing ideal nutrition and a multitude of health benefits for both infants and families. In 2011, the Surgeon General's Call to Action to Support Breastfeeding highlighted a need for a community-level, multifaceted approach to breastfeeding support. In Action 4, Use community-based organizations to promote and support breastfeeding, the Call to Action recognized that organizations "based in communities and do their work there are aware of the specific barriers that (families) in their communities face," as well as understand "their needs and opportunities." Through a breastfeeding family friendly community, the City and County of [Our Town] support a [Our Town] family's decision to breastfeed. Most [Our Town] families initiate breastfeeding in the hospital; however, many stop breastfeeding within a few days or weeks. There are many barriers to increasing breastfeeding duration, in particular the need to return to work and be separated from their young babies, and also a lack of welcome in the community to breastfeed when and where the family needs. We, the [Our Town] leadership, must improve the overall tone and community atmosphere to promote [Our Town] public health interventions and breastfeeding support interventions aimed specifically at closing the gaps in the community support for breastfeeding families. A guiding priority and core value of the City and County of [Our Town] are supporting the creation of health equity. Our goal is that all [Our Town] people, regardless of skin color or social status, will have equal opportunity to engage in optimal breastfeeding and live longer, happier, and healthier lives. (1)

Universal access. [Our Town] provides all lactation and infant-feeding support services under a universal access and inclusive design model. Every service is available to every person and family. No service is denied to anyone on the basis of race, color, ethnicity, national origin, immigration status, religion or creed, age, sex, pregnancy or lactation status, sexual orientation, gender identity, family structure, primary language, ability or disability, veteran or military status, or socio-economic status. Outreach tailored to specific neighborhoods, languages, or communities is a strategy for expanding access to services that remain open to all.

INTENTION STATEMENT

The purpose of this Policy is to ensure that all breastfeeding families have the support they need to continue breastfeeding and to engage in optimal breastfeeding whenever possible. The [Our Town] Government, with the help of the [Our Town] Communities, strives to make sure that all families are well-informed about the risks and benefits of infant feeding choices and are welcomed to breastfeed in the community.

BACKGROUND

Improving rates of optimal breastfeeding is one of the most important ways [Our Town] can improve the health of our children and our families. The international definition of optimal breastfeeding is early and exclusive breastfeeding for up to 6 months, followed by appropriately-timed introduction of complementary foods starting at 6 months with continued breastfeeding for at least 1–2 years and for as long as mutually desired. Breastfeeding decreases the risk of maternal diabetes and cancers as well as a myriad of preventable pediatric conditions, including obesity, Type II diabetes, pneumonia, and Sudden Infant Death Syndrome. (2)

[Our Town] is committed to the support of optimal breastfeeding for all, including all minoritized [Our Town] families, marginalized [Our Town] families, lower socio-economic families, younger mothers/families, and African-American families. Achieving health equity, eliminating disparities, and improving the health of all [Our Town] populations is one

of the goals of the Breastfeeding Support Policy. By health equity, we mean everyone has the opportunity to attain their highest level of health, including optimal breastfeeding. (3)

PROCEDURES AND PRACTICES

It is important for all of [Our Town] — including staff, volunteers, and families — to understand how to support families choosing to breastfeed. Different families need different things: some need more privacy, and some need more affirmation. It also is important to understand how to support breastfeeding staff and volunteers by providing them with adequate break time and space to express breast milk or breastfeed their babies while working their shifts. The common agreement is that all breastfeeding families (including [Our Town] government staff and volunteers) will NOT be discriminated against, treated disrespectfully, or asked to leave because they are breastfeeding.

1. A Written Commitment, Routinely Communicated

The [Our Town] community's elected or appointed leadership has a written statement supporting breastfeeding that is routinely communicated to all. This written and signed Policy will be shared via all local media outlets, including the [Our Town] Government websites, government print materials, government podcasts/radio and streaming/television as well as social media, as available. A copy of the Breastfeeding Policy will be widely distributed at least annually, possibly during World Breastfeeding Week (in the US, National Breastfeeding Month).

2. A Welcoming Community Atmosphere

The [Our Town] community as a whole will provide a welcoming atmosphere for breastfeeding families, building upon US federal and state laws that dictate that breastfeeding may be carried out wherever a woman is lawfully allowed to be. The maintenance of milk supply is only possible when infants are fed on cue and frequently, day and night. Parents know that the infant needs to breastfeed when the infant indicates, and breastfeeding must not be relegated to places where adults would not consume food, such as toilet areas.

[Our Town] government will display stickers, window clings, or signage in a visible location — and even on the [Our Town] website — indicating that breastfeeding families are welcome in all establishments in which they have the lawful right to be. We work to set up a network of semi-private or private spaces for all of [Our Town] staff, volunteers, clients, and families to express milk or breastfeed. "Breastfeeding welcome here" signage shall be posted next to the welcome signs to the city or in similar prominent positions (e.g., city-operated parks, swimming pools, senior centers, etc.). In addition, a "Breastfeeding welcome here" seal/logo shall be posted on city and county websites and/or social media or similar, and/or flyers are available at the visitor's bureau. North Carolina law is enforced; welcoming breastfeeding shall be supported by local law enforcement.

3. Breastfeeding in Emergencies

Breastfeeding shall be viewed as a safe and effective way to feed a child even in an emergency. Human milk is always clean; requires no fuel, water, or electricity; and is readily available when baby and nursing parents are kept close. Human milk contains antibodies that fight infection, including diarrhea and respiratory infections that are common among infants in emergency situations such as hurricanes and tropical storms. Breastfeeding releases hormones that lower stress and anxiety in both the child and the nursing parent. Especially when stressed, it is important to continue offering the breast or expressing milk at regular intervals.

During an emergency, emergency response teams (ERTs) will assist families to continue breastfeeding and/or to express milk at the same rate or more frequently during the emergency. ERTs will be knowledgeable about the implications of reducing the frequency of expressing milk (e.g., expressing milk fewer times will lead to a low supply). Families shall be encouraged by all to keep their babies close to them and not to delay evacuating because of frozen milk. [Our Town] emergency planning shall incorporate infant and young child feeding in emergencies (IYCF-E), coordinated with breastfeeding support organizations, coalitions, and WIC, consistent with national emergency-preparedness recommendations. (4)

4. Health Leadership

Optimal breastfeeding is supported by health leadership. This Policy shall be disseminated at appropriate times, such as World Breastfeeding Week or National Breastfeeding Month, to all health entities. The definition of optimal breastfeeding, or that proposed by the World Health Organization, American Academy of Family Practitioners, or American Academy of Pediatricians, shall be disseminated and confirmed with healthcare and community leadership, with discussion and corrections as needed. [Our Town] wants local health authorities to accept this definition and

include optimal breastfeeding support in their work. The [Health Department] is encouraged to review local breastfeeding data annually and use it to direct support where it is needed most, consistent with national surveillance goals. (4)

5. Informing Families During Pregnancy

During pregnancy, all families shall be informed about the benefits of breastfeeding, as well as about the risks of unnecessary formula use, and where to access support as needed. Breastfeeding education and support allows families to make informed decisions regarding infant feeding practices. The [Our Town] government is supportive of the International Code of Marketing of Breast-milk Substitutes, which calls for unbiased information in the hands of the public, especially concerning the risks of formula use for maternal and child health outcomes. Distribution shall include attention to equity — ensuring that those populations who are more vulnerable receive special inputs. Such distribution expands the reach of information and services that remain open to every family; it does not create or imply any eligibility criterion. [Our Town] encourages faith-based organizations and other organizations that are reflective of the [Our Town] population and [Our Town] culture to inform families about the benefits of breastfeeding through community-wide distribution. Groups can get materials such as those produced by La Leche League (LLL), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or other local groups, Breastfeed [Our Town], other parts of the health sector, local breastfeeding support groups, or breastfeeding coalitions.

6. Breastfeeding-Friendly Health Care

[Our Town] encourages all health care in the community to be breastfeeding friendly. Health care within the community must be breastfeeding friendly if a community is to support breastfeeding. Research confirms that comprehensive breastfeeding support in prenatal, maternity, and postnatal care results in improved breastfeeding success. We encourage all maternity care centers to be designated Baby-Friendly (or designated as fully qualified by their state maternity care breastfeeding designation) or a state-level designation. This designation must include at least the following: healthcare personnel involved in the care of mothers and babies are trained in the skills necessary to support optimal breastfeeding. All [Our Town] health care providers and clinics are encouraged to apply for a breastfeeding-friendly and/or baby-friendly designation, OR offices provide documentation concerning the prenatal breastfeeding support — such as educational tools or practice behaviors — that they employ with all patients, regardless of race or ethnicity. A Designating Group should receive documentation from local healthcare organizations.

7. A Community Lactation Support Network — Continuity of Care

[Our Town] encourages all non-health-system breastfeeding support groups and services to be fully available in the community, including International Board Certified Lactation Consultants (IBCLCs), La Leche League (LLL), and other skilled breastfeeding support. Breastfeeding support must extend beyond the clinic. Therefore, there must be active community support for referral and independent action by breastfeeding mothers to find the support they need. Once these are established, all clinics and hospitals should be called upon to provide active referral. Active collaboration between health care providers and community breastfeeding support entities is needed to support [Our Town] families and achieve equality. The [Our Town] Government encourages the Health Department to:

- Host at least one in-person yearly meeting with all breastfeeding support providers to confirm that breastfeeding support services are actively being created with attention to meeting the needs of various racial/ethnic groups. All services confirmed under this provision are provided on a universal access basis and are open to all families.
- Document annually a list of all non-health-system breastfeeding support groups and services, including IBCLCs, LLL, and other skilled breastfeeding support.
- Provide at least one communication to the public on the mutual effort of breastfeeding support providers.

Together, these provisions build the continuity of care between clinical and community settings described in NACCHO's Continuity of Care in Breastfeeding Support: A Blueprint for Communities — so that no family loses support in the handoff from hospital to home to community. (5)

8. Businesses and Social Organizations

The [Our Town] Government supports all [Our Town] businesses and [Our Town] social organizations in the community to become welcoming to breastfeeding families. For a community to support breastfeeding, there is a need to provide locations where families are comfortable breastfeeding. We call on the Chamber of Commerce: at least 50% of the Chamber of Commerce (CoC) member organizations, economic development organizations, and non-member organizations have signed a form (see Business Application) that they welcome breastfeeding in their place of business, and display welcome signs or the “Breastfeeding Welcome Here” logo (e.g., window clings). Local

organizations (e.g., breastfeeding coalitions, La Leche League or other breastfeeding support groups, Rotary) are encouraged to help distribute window clings/magnets and hanging units for breastfeeding materials.

9. Public Libraries

[Our Town] Public Libraries shall be welcoming. One of the easiest places to visit when you have a brand-new baby is the [Our Town] Public Library. All [Our Town] libraries should have a written breastfeeding policy (including an employee policy, if separate) and culturally appropriate breastfeeding-friendly educational materials used and/or citations for publications. All libraries shall have a list of community breastfeeding resources. All libraries shall provide staff training on: optimal breastfeeding practices and benefits for child, mother, and family; appropriate introduction of solid foods with continued breastfeeding for one year or longer, as desired by families; and communication with families to support breastfeeding and lactation goals. All libraries shall provide interactive and developmentally appropriate learning opportunities that normalize breastfeeding for children in the program. Breastfeeding information and books are available at the public library.

10. Swimming Pools, Parks, and Recreation

[Our Town] public swimming pools and public parks and recreation shall provide families with positive and encouraging messages about breastfeeding. Semi-public swimming and recreation areas shall be encouraged to provide families with positive and encouraging messages about breastfeeding. In compliance with North Carolina law, a person may breastfeed a child at a recreation area, swimming pool, or pool deck area at their discretion. Support for breastfeeding includes: provide “Breastfeeding Welcome Here” signs; explain the law to staff, including how to support breastfeeding at the facility; let staff know that they must not ask someone who is breastfeeding to move, cover up, be more discreet, or stop breastfeeding for any reason; and prepare staff for how to respond to complaints — consider role-playing to improve knowledge and comfort with the topic. If a person complains, staff should consider it an opportunity to share information about the law. If staff are uncomfortable or a complaint worsens, ensure that staff know to engage the manager responsible for responding to complaints so information is quickly given to guests.

11. Food Pantries

All [Our Town] food pantries shall be encouraged to create a welcoming environment that feels friendly, accepting, and supportive of breastfeeding families. Food pantries play a critical role in supporting breastfeeding families, and it is important for food pantry staff and volunteers to understand how to support families choosing to breastfeed. If the pantry accepts formula, we encourage food pantries to store it in a location that is out of view of the clients; this can help ensure that it is distributed thoughtfully and that information is included about safe preparation. We encourage each site to write breastfeeding-friendly guidelines or policies; provide information, education, and resources to breastfeeding families, including staff and volunteers; decide where to place/store formula, how to let clients know about formula, how to support clients with formula needs, and how to provide accurate information on safe preparation and storage of formula and formula feeding practices; offer informative breastfeeding information and resources, including breastfeeding basics, nutritional information for breastfeeding families, and connections to local community breastfeeding resources such as WIC and hospital support groups; and offer to provide breastfeeding education and peer support. Consider language, imagery, nutritional restrictions, literacy levels, and family structure. Different volunteers and staff have different roles — make sure that training and education are offered accordingly.

12. The International Code of Marketing of Breast-Milk Substitutes

Local businesses and healthcare clinics/offices are called on by [Our Town] to affirm the principles of the International Code of Marketing of Breast-Milk Substitutes. The Code of Marketing (“WHO Code”) affirms that “the encouragement and protection of breastfeeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children.” It strives to protect, promote, and support breastfeeding for the health and well-being of infants, especially during the vulnerable early months of life. While realizing that manufacturers and distributors of breast-milk substitutes have a role to play in relation to infant feeding, the Code of Marketing recognizes that inappropriate and unnecessary marketing and distribution of breastmilk substitutes by healthcare facilities and businesses can impact the infant feeding practices of families. [Our Town] asks that no locally controlled businesses advertise infant formula or related toddler formulas, by verification with such businesses.

13. Workplace Support for Lactating Employees

The World Alliance for Breastfeeding Action (WABA) Maternity Care or, in the U.S., The US Business Case for Breastfeeding is promulgated by the [Our Town] Government, and we ask the same of the [Our Town] Chamber of Commerce. Workplace accommodation for breastfeeding workers is included in the Affordable Care Act (ACA) for hourly workers and is needed for breastfeeding to be successful following return to work. The current state of the laws concerning mandated business support for breastfeeding, and the materials available to support the law, shall be made available to all Chamber of Commerce members, similar business groups, and other businesses at least annually (provided by local breastfeeding organizations or the health department; ACA materials from the Dept. of Labor). The US Business Case for Breastfeeding or WABA Maternity Care materials are promulgated by the Chamber of Commerce and other similar organizations.

14. Education Systems — Childcare Through University

The [Our Town] education systems, including childcare, K-12, colleges, and universities, are encouraged to include breastfeeding-friendly curricula at all levels. To become the normative behavior, people of all ages should be exposed to breastfeeding as part of all health and family education. The [Our Town] School District and the Department of Education shall cooperate in review of all textbooks to ensure breastfeeding-friendly curricula are introduced at all levels of education. Education systems are encouraged to have a written policy for promoting and supporting breastfeeding that is regularly communicated to staff and families; to support breastfeeding employees with appropriate breaks so that they may express milk and/or nurse; and to provide a clean, comfortable, private place for employees to pump/express milk and/or nurse their babies as needed. Education systems shall contact and coordinate with community breastfeeding support resources and actively refer mothers and families.

APPLICATION

This policy applies to all [Our Town] employees and residents, including but not limited to: the outpatient setting, the hospital setting, home care agencies, the pediatric setting, child care centers, family day care homes, baby-sitters, public settings (malls, restaurants, parks, banks, stores, theaters, libraries, swimming pools, food pantries), the workplace, the Chamber of Commerce, schools, etc. Agencies are expected to write protocols for their setting that are consistent with these policies. If you would like assistance in writing breastfeeding policies for your agency, please contact Breastfeed [Our Town].

COMMUNICATION, EFFECTIVE DATE, AND REVIEW

Communication: [Our Town] will correctly communicate the policy to all.

Effective date: _____ Review date: _____

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[Mayor / Chair / Manager], [Title]

REFERENCES

(1) Health Affairs. Overcoming Disparities in U.S. Health Care. https://www.healthaffairs.org/doi/full/10.1377/hlthaff.24.2.445

(2) Ip S; Chung M; Raman G; Chew P; Magula N; DeVine D; Trikalinos T; Lau J. Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 153 (Prepared by Tufts–New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality; April 2007.

(3) American Public Health Association. Health Equity. https://www.apha.org/topics-and-issues/health-equity

(4) National Academies of Sciences, Engineering, and Medicine. (2024). Breastfeeding in the United States: Strategies to Support Families and Achieve National Goals. Washington, DC: The National Academies Press. This policy advances its community-level recommendations — community-led coalitions, WIC partnership, IYCF-E in emergency planning, and lactation accommodations in workplaces, schools, and childcare — at the municipal level.

(5) National Association of County & City Health Officials. (2021). The Continuity of Care in Breastfeeding Support: A Blueprint for Communities.