TOWN / CITY / COUNTY OF [NAME]

PROCLAMATION

Designating [town/city] a Breastfeeding Family Friendly Community

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WHEREAS, families are a priority in the Town of [town/city], and part of helping families to thrive is ensuring that they receive community support to develop and sustain healthy lifestyles; and

WHEREAS, according to the American Academy of Pediatrics, American Academy of Family Physicians, and other leading health organizations, breastfeeding is the optimal food for infants; and

WHEREAS, breastfeeding is associated with lower rates of childhood illness, such as obesity, diabetes, and infectious diseases, as well as reduced risk of maternal breast and ovarian cancers and a faster recovery from childbirth as compared to formula feeding; and

WHEREAS, breastfeeding promotes social-emotional development, benefits the entire family, and is associated with lifelong health and development; and a parent's decision to feed human milk to infants directly or by expressing should be supported by family members and the community; and

WHEREAS, promoting best practices in human milk feeding for healthcare providers and clinics encourages families to start and continue to feed human milk; and

WHEREAS, assisting businesses and organizations to welcome chest/breastfeeding families and to support lactating employees helps families to meet their optimal infant feeding goals; and

WHEREAS, creating a local Breastfeeding Friendly Child Care designation supports parents and childcare staff to continue breastfeeding and offering expressed milk, when returning to work or school, and supports childcare staff with on-site breastfeeding facilities or spaces; and

WHEREAS, encouraging our local education systems to include breastfeeding and human milk feeding curricula at all levels normalizes breastfeeding, and collaborating on community resources and building community awareness can positively impact breastfeeding success; and

WHEREAS, our community is proud to have attained broad support and direct community actions (e.g., [Hospital] has attained Baby Friendly Hospital Initiative designation; the [Health Department] has received the [Breastfeeding-Friendly Clinic Award]; and childcare programs in our community have been designated breastfeeding-friendly); and

WHEREAS, by providing a supportive and welcoming environment, a breastfeeding friendly community encourages families of all races, ethnicities, and family structures to initiate and continue optimal infant feeding/nursing; and

WHEREAS, all breastfeeding and lactation support services in [town/city] operate under a universal access and inclusive design model, are available to every family, and are denied to no one 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;

NOW, THEREFORE, BE IT RESOLVED that I, [Mayor/Commissioner Name], [Mayor/Commissioner Title] of the Town/City/County of [town/city], do hereby proclaim the Town of [town/city] to be a **"BREASTFEEDING FAMILY FRIENDLY COMMUNITY."**

This, the _____ day of _____, 20_____.

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[Mayor/Commissioner Name], [Title]
