

BREASTFEEDING FAMILY FRIENDLY COMMUNITY (BFFC) DESIGNATION

Piloted by the North Carolina Towns of Chapel Hill and Carrboro and the Chamber of Commerce, with the Carolina Global Breastfeeding Institute (CGBI), Chapel Hill Rotary, La Leche League, local health authority, education groups, and associated faith-based organizations.

Developed for possible use locally, nationally, and globally by Breastfeeding Coalitions or Governments.

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FAQS ON BREASTFEEDING-FRIENDLY COMMUNITY DESIGNATION

WHAT is the Breastfeeding Family Friendly Community (BFFC) Designation?

The **BREASTFEEDING FAMILY FRIENDLY COMMUNITY (BFFC) DESIGNATION** is a program designed to complement the [Global Revised, Updated and Expanded Baby-friendly Hospital Initiative](#). The designation is granted by the **BFFC Designating Group, based on recommendations and support from the BFFC Team**. [For example: The BFFC Team for this pilot includes the Carolina Global Breastfeeding Institute (CGBI), local La Leche League (LLL), Chapel Hill Rotary, Chamber of Commerce, Office of the Mayor in Chapel Hill and Carrboro, Orange County Health Department, Interfaith Council, and faith-based groups.] The Designating Group may be part of the Team. If any possible conflict of interest is identified, it will be addressed by the Team.

WHY have a designation for breastfeeding?

Breastfeeding, especially exclusive breastfeeding, is associated with lower rates of obesity, diabetes, infectious diseases, and other child illnesses, as well as less maternal breast and ovarian cancers, diabetes, and a faster recovery from childbirth, as compared to formula feeding. Breastfeeding also is associated with an overall better chance for lifelong health and development, as well as better school performance and other achievements. In addition, exclusive breastfeeding has been referred to as “The Great Equalizer”, because (it) “goes a long way toward canceling out the health difference between

being born into poverty or being born into affluence” (JP Grant, when UNICEF Executive Director). We recognize that breast/chestfeeding is “The Great Equalizer” because it impacts health equity outcomes at all ages and stages of life. A breastfeeding family friendly community is a healthier, more welcoming community for young families of all races and ethnicities.

WHO can become designated?

The Ten Steps (to a Breastfeeding Family Friendly Community) are the foundation of the designation. Any municipality or incorporated region may become designated by completing the following Ten Steps self-appraisal. Work begins when two or more community members come together to create a Breastfeeding Family Friendly Community Designation Team that will lead the community in satisfying the requirements of the Ten Steps. We recommend setting up a meeting with the BFFC team for assistance and so that your community can be added to the website.

WHY should a community become designated?

This award provides recognition of the quality of care for breastfeeding families that are afforded in that community. Since the majority of parents in the US and worldwide are deciding to breastfeed, this sends the message that the community respects their desires and appreciates the benefits of breastfeeding to the health of the child, the family, and the community.

WHEN might a community start the process?

The designation may be sought at any time of the year. [Hint: We recommend approaching governments during World Breastfeeding Week or National Breastfeeding Month, when governments are more receptive to a breastfeeding initiative.] While ongoing verification by the community team is suggested, recertification by the Designating Group will be carried out every 3 years with the opportunity for growth and improvement.

HOW do we measure if we have achieved the Ten Steps?

To be designated a “Breastfeeding Family Friendly Community,” the community (e.g., city, town, state, SMSA) must be able to honestly respond in the positive to all the measures under each of the Ten Steps for a Breastfeeding Family Friendly Community and allow each to be verified by the local Designating Group and reviewed by the BFFC team.

The local Designating Group will assess the following measures using suggested approaches annually for 3 years, then every 3 years thereafter. When all steps have been achieved, the Designating Group will notify national and/or international breastfeeding organizations (e.g., your local, national, and/or international breastfeeding coalitions) and the BFFC team.

TEN STEPS TO A BREASTFEEDING FAMILY FRIENDLY COMMUNITY

1. The community's elected or appointed leadership has a written statement supporting breastfeeding that is routinely communicated to all.
2. The community as a whole provides a welcoming atmosphere for breastfeeding families.
3. Optimal breastfeeding¹ is supported by health leadership.
4. During pregnancy, all families in the community are informed about the benefits of breastfeeding, as well as about the risks of unnecessary formula use, and where to access support as needed.
5. Health care in the community is breastfeeding friendly.
6. Non-healthcare system breastfeeding support groups and services are fully available in the community, including International Board Certified Lactation Consultants (IBCLCs), La Leche League (LLL), and other skilled breastfeeding support.
7. The businesses and social organizations in the community are welcoming to breastfeeding families.
8. Local businesses and healthcare clinics/offices follow the principles of the *International Code of Marketing of Breast-Milk Substitutes*².
9. The World Alliance for Breastfeeding Action (WABA)³ Maternity Care or, in the US, The US Business Case for Breastfeeding⁴ is promulgated by the government and the Chamber of Commerce or equivalent.
10. Education systems, including childcare, K-12, colleges and universities, are encouraged to include breastfeeding-friendly curricula at all levels.

¹Definition of optimal breastfeeding: Early and exclusive breastfeeding for up to 6 months and continued breastfeeding with appropriately-timed introduction of complementary foods are encouraged for at least 1-2 years and for as long as the mother and child desire.

²Find the International Code of Marketing of Breast-Milk Substitutes at https://www.who.int/nutrition/publications/code_english.pdf; the most recent Status Report, Status Report 2018, is located at <https://apps.who.int/iris/bitstream/handle/10665/272649/9789241565592-eng.pdf?ua=1>

³Read about WABA initiatives to support Maternity Care and Employment at <http://waba.org.my>

⁴The US Business Case for Breastfeeding is located at <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>

**GLOBAL CRITERIA FOR THE
TEN STEPS TO A BREASTFEEDING FAMILY FRIENDLY COMMUNITY
(SELF-APPRAISAL)**

STEP 1. The community's elected or appointed leadership has a written statement supporting breastfeeding that is routinely communicated to all.

Rationale: Good policies and procedures should provide insight on what management believes is important, clarify obligations and their purpose, and be consistent and last beyond the term of a particular executive. A policy/proclamation is generally formulated by top management as an integral part of organization strategy that will guide decision making and leave some room for managerial discretion.

Measures:

- i. The written and signed policy/proclamation includes actions to support the following nine steps. Yes/No
- ii. The written and signed policy/proclamation is shared via all local media outlets, including newspapers, radio and television as well as social media, as available, and the majority have done so in the last year. Yes/No
- iii. Local print and other media have hosted a discussion of this issue with breastfeeding experts and/or La Leche League or similar at least bi-annually. Yes/no
- iv. A copy of the Ten Steps designation and the local policy/proclamation is widely distributed at least annually, possibly during World Breastfeeding Week (In US, National Breastfeeding Month) Yes/No

Suggested Approaches to Designation:

- Designating Group receives documentation of the 4 measures, above, if Government entity agrees to provide, or,
- Designating Group reviews action for adherence.

PASS if at least 3 of the 4 are in place.

STEP 2. The community as a whole provides a welcoming atmosphere for breastfeeding families.

Rationale: This step builds upon State and Federal 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. Mothers know that they need to breastfeed when the infant indicates, and breastfeeding must not be relegated to places where adults would not consume food, such as toilet areas.

Measures:

- i. "Breastfeeding Welcome Here" signage is posted next to the welcome signs to the community or in similar prominent positions (e.g., city operated parks, swimming pools, senior centers), and
- ii. A "Breastfeeding Welcome Here" seal/logo is posted on community/city websites and/or social media or similar, and/or flyers are available at the Visitors Bureau.
- iii. The Federal law or similar is enacted in this locale (e.g., North Carolina Law is enforced).

Suggested Approaches:

- For i, ii: Designating Group has documentation via site visit or photograph, and links.
- For iii: Designating Group may need to discuss with local law enforcement.

PASS i, ii, if documented;

PASS iii, if law or similar is in place and supported by local law enforcement.

STEP 3. Optimal breastfeeding¹ is supported by health leadership.

Rationale: This international definition is included in the Policy Statement/Proclamation and disseminated at appropriate times, such as World Breastfeeding Week or National Breastfeeding Month, to all health entities.

Measure:

- This definition of optimal breastfeeding, or that proposed by the World Health Organization, American Academy of Family Practitioners or American Academy of Pediatricians, is disseminated and confirmed with healthcare and community leadership, with discussion and corrections as needed.

Suggested Approaches:

- Designating Group discusses with local (e.g., city, county, state) health care leadership how best to achieve adherence to the above.
- Designating Group assesses actions and outcomes of the review for adherence.

PASS if local health authority accepts this definition, and it is included in other steps.

¹Early and exclusive breastfeeding for up to 6 months and continued breastfeeding with appropriately-timed introduction of complementary foods are encouraged for at least 1-2 years and for as long as the mother and child desire.

STEP 4. During pregnancy, all families in the community are informed about the benefits of breastfeeding, as well as about the risks of unnecessary formula use, and where to access support as needed.

Rationale: Breastfeeding education and support allows families to make informed decisions regarding infant feeding practices. This step is supportive of the *International Code of Marketing of Breast-milk Substitutes*, that calls for unbiased information in the hands of the public, especially concerning the risks of formula use for maternal and child health outcomes. Distribution should include attention to equity – ensuring that those populations who are more vulnerable receive special inputs.

Measure:

- Non-commercial materials on this issue are distributed, in hard copy and/or online, through community and faith-based organizations, produced or approved by the breastfeeding authority or Designating Group, reflective of the population and culturally appropriate.

Distribution may be via health sector, local breastfeeding support groups, or breastfeeding coalition.

Suggested Approaches:

- Designating Group may need to provide draft materials, such as those produced by WIC, La Leche League, or other local group, for distribution

PASS if there is documentation that information has been widely distributed.

STEP 5. Health care in the community is breastfeeding-friendly.

Rationale: 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.

Measures:

- All maternity care centres are either designated Baby-Friendly (BF) (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 clinics have been informed about the new BF Clinic/Office designation (See NCBC website), and at least 50% of offices have applied for the designation, OR, offices provide documentation concerning the prenatal breastfeeding support, such as educational tools, or practice behaviours, that they employ with all patients, regardless of race or ethnicity.

Suggested Approaches:

- For i: Designating Group has requested and received documentation of BFHI designation or State-level equivalent designations. If there is no local designation process, this may be achieved initially by documentation that 80% of local health care providers have completed an existing on-line study or direct training, and documentation of this is provided to the DG.
- For ii: Designating Group has surveyed offices or has received documentation from local healthcare organization that at least 80% of offices/clinics are seeking or have achieved designation. (In North Carolina, the Designating Group for the Office designation <http://ncbfc.org/mother-baby-friendly-clinic-award/> is NCBC.)

PASS if these rates or higher are documented

STEP 6: Non-health system breastfeeding support groups and services are fully available in the community, including International Board Certified Lactation Consultants (IBCLCs), La Leche League (LLL), and other skilled breastfeeding support.

Rationale: 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 this Step.

Measure:

- i. Confirmation that such services are active or being created that would serve the community, with attention to meeting the needs of various racial/ethnic groups.
- ii. At least one in person or virtual meeting has been held and at least one communication to the public on this mutual effort are documented annually.

Suggested Approaches:

- Designating Group may facilitate first meeting.
- Designating Group reviews action for adherence

PASS if Designating Group receives documentation of the measures

STEP 7. The businesses and social organizations in the community are welcoming to breastfeeding families.

Rationale: For a community to support breastfeeding, there is a need to provide locations where families are comfortable breastfeeding.

Measures:

- i. At least 50% of the Chamber of Commerce (CoC) member organizations, economic development organizations, and non-member organizations have signed a form that they welcome breastfeeding in their place of business and display welcome signs or a “Breastfeeding Welcome Here” logo (e.g. window cling). These may be provided by the BFFC Team.

Suggested Approaches:

- Designating Group interacts with CoC and/or Rotary or other stakeholders to confirm provision and use of window magnets for those who agree.
- Local organizations, such as La Leche League, breastfeeding coalitions, Rotary, etc. may participate in distribution of window magnets and hanging unit for breastfeeding materials.

PASS if window clings (or similar) are posted, and/or availability of materials in at least 50% of businesses are documented.

STEP 8. Local businesses and healthcare clinics/offices follow the principles of the *International Code of Marketing of Breast-Milk Substitutes*.

Rationale: The *International Code of Marketing of Breast-milk Substitutes* (“Code of Marketing”/“WHO Code”) affirms that “the encouragement and protection of breast-feeding 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. Breastfeeding education and support allows families to make informed decisions regarding infant feeding practices. While realizing that manufacturers and distributors of breastmilk substitutes have a role to play in relation to infant feeding, the Code of Marketing recognizes that the inappropriate and unnecessary marketing and distribution of breastmilk substitutes by healthcare facilities and businesses can impact infant feeding practices of families.

Measures:

- i. Parents receive breastfeeding education and support from the healthcare facilities.
- ii. Healthcare facilities will not promote commercial infant or related toddler formula through ads or free samples; and when supplementation is medically-indicated, will make every effort to access provide expressed milk from parent or donor human milk before infant formula.
- iii. Businesses that sell or promote commercial infant formula agree to offer pamphlets on the benefits of breastfeeding on the aisle or area where formula is sold; information is provided by a breastfeeding-support entity that receives no support from any part of the infant formula industry.
- iv. No locally controlled groceries, food markets, convenience stores or pharmacies will promote commercial infant or related toddler formula by preferential shelf placement or by ads.
- v. All non-locally controlled groceries, food markets, convenience stores and local pharmacies are encouraged to prevent local advertising of formula and to allow display space near infant foods and commodities for provision of breastfeeding literature and support information. This information may not be provided by the formula industry.

Suggested Approaches:

- Designating Group may work with local WIC or health organization to provide breastfeeding materials near infant foods and commodities shelves.
- Designating Group will visit locally controlled groceries, food markets, convenience stores or local pharmacies that sell formula to assess compliance.
- Chamber of Commerce or similar, or other influential organization or agency, provides support for this effort.

PASS when no locally controlled businesses have advertised infant formula or related toddler formulas by verification with such businesses, and when at least 50% of food stores agree to provide breastfeeding-supportive materials near formula shelf placement.

STEP 9. The World Alliance for Breastfeeding Action (WABA) Maternity Care or, in the U.S., The US Business Case for Breastfeeding is promulgated by the government and the Chamber of Commerce (CoC) or equivalent.

Rationale: 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.

Measures:

- i. The current state of the laws concerning mandated business support for breastfeeding, and the materials available to support the law, are made available to all CoC members, similar business groups, and other businesses at least annually. (ACA materials from Dept. of Labor provided by local breastfeeding organizations or health department:
<http://www.dol.gov/whd/nursingmothers/>)
- ii. The US Business Case for Breastfeeding or WABA Maternity Care related materials are promulgated by the Chamber of Commerce or similar organization. (Available at:
<http://www.womenshealth.gov/breastfeeding/employer-solutions/index.php>)

Suggested Approaches:

- CoC, Rotary, and/or local breastfeeding organizations request health department to promulgate this information annually and support adherence to the above.
- Designating Group reviews action for adherence.

PASS if CoC, Rotary, and/or local breastfeeding organizations provide documentation that the health department has made the information and updated websites available.

STEP 10. Education systems, including childcare, K-12, colleges and universities, are encouraged to include breastfeeding-friendly curricula at all levels.

Rationale: To become the normative behavior, people of all ages should be exposed to breastfeeding as part of all health and family education.

Measures:

- i. The local School District, or the Department of Education, provides books and/or images that illustrate breastfeeding as the norm.
- ii. Breastfeeding-friendly curricula are introduced at all levels of education.

Suggested Approaches:

- Team approaches head of educational systems.

Pass if yes to one.

Proposed Planning Matrix

Activity	Responsible	Date
Decision to implement	LOCAL BFFC Team (Team) (e.g., Government, Health Department, LLL, Rotary, CoC, breastfeeding coalitions, child care or other)	
Call Stakeholders together to discuss the concept and identify those interested	Lead organization for Team (Lead)	
Revise plan as needed, within parameters	Lead	
Call stakeholder meeting to confirm final approach	Lead	
Mayors approve plan	Mayors	
Determine Designating Group(s) Select party to carry out review and designation. It may be the local breastfeeding group or other.	Lead	
Ensure media coverage of who will be involved.	Team	
Create questionnaire for commercial sector compliance, window clings and one page materials for distribution. A cover sheet explaining the background and script, as well as the form, will be given with the form to each business.	Team	
Develop website for Community project.	Lead organization will build or incorporate into a website	
Government entity calls town meeting for open discussion among greater group of stakeholders.	Government entity within Team	
Contact greater number of stakeholders and media about Launch Date for readiness phase	Liaisons of all organizations in the Larger BFFC Team	
Develop a budget for signage, forms, window clings, cover sheet for business, script for Team folks, etc.	Team, Partners	

Carry out footwork to ready community for designation: Implement and document the 10 steps	Team and Larger Team; add to larger team as needed	
Designating Group reviews all and designates. Assess for designation using matrix, below.	Designating Group	
Team continues to monitor, until next designation activity in 3 years.	Team	
Celebrate with media coverage on World Breastfeeding Week or other.	Designating Group with Team	

Assessment Matrix for Team work and Designation Group certification

Assessment area	Assessment Criteria	Criteria for Designation	Date assessed and passed
<p>STEP 1. The community’s elected or appointed leadership has a written statement supporting breastfeeding that is routinely communicated to all</p>	<p>i. The written and signed policy/proclamation includes actions to ensure the sustainability of the following 9 steps. Yes/No</p> <p>ii. The written and signed policy/proclamation is shared via all local media outlets, including newspapers, radio and television as well as social media, as available, and the majority have done so in the last year. Yes/No</p> <p>iii. Local print and other media have hosted a discussion of this issue with breastfeeding experts and/or La Leche League or similar at least bi-annually. Yes/no</p> <p>iv. A copy of the Ten Steps designation and the local policy/proclamation is widely distributed at least annually, possibly during World Breastfeeding Week (In US, National Breastfeeding Month) Yes/No</p>	<p>PASS if i. is "yes', and at least 2 of the others are yes"</p>	
<p>STEP 2. The community as a whole provides a welcoming atmosphere for breastfeeding families.</p>	<p>i. “Breastfeeding welcome here” signage is posted next to the welcome signs to the community/city or in similar prominent positions (e.g., city operated parks, swimming pools, senior centers, etc.) and</p> <p>ii. A “Breastfeeding welcome here” seal/logo is posted on community/city websites and/or social media or similar, and/or flyers are available at the Visitors Bureau.</p> <p>iii. The Federal law or similar is enacted in this locale, e.g., North Carolina Law is enforced.</p>	<p>PASS i and ii, if documented; PASS iii, if law or similar is in place and supported by local law enforcement.</p>	

<p>STEP 3. Optimal breastfeeding¹ is supported by health leadership.</p> <p>¹Early and exclusive breastfeeding for up to 6 months and continued breastfeeding with appropriately-timed introduction of complementary foods are encouraged for 1-2 years and for as long as the mother and child desire.</p>	<p>i. This definition of optimal breastfeeding, or that proposed by the World Health Organization, American Academy of Family Practitioners or American Academy of Pediatrics, is disseminated and confirmed with healthcare and community leadership, with discussion and corrections as needed.</p>	<p>PASS if local health authority accepts this definition and it is included in other steps.</p>	
<p>STEP 4. During pregnancy, all families in the community are informed about the benefits of breastfeeding, as well as about the risks of unnecessary formula use, and where to access support as needed.</p>	<p>i. Non-commercial materials on this issue are distributed, in hard copy and/or online, through community and faith-based organizations, produced or approved by the breastfeeding authority or Designating Group, reflective of the population and culturally appropriate. Distribution may be via health sector, local breastfeeding support groups, or breastfeeding coalition.</p>	<p>PASS if there is documentation that information has been widely distributed.</p>	
<p>STEP 5. Health care in the community is breastfeeding friendly.</p>	<p>i. All maternity care centres are either designated Baby-Friendly (BF) (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.</p> <p>ii. All clinics have been informed about the new BF Clinic/Office designation (See NCBC website), and at least 50% of offices have applied for the designation, OR, offices provide documentation concerning the prenatal breastfeeding support, such as educational tools, or practice behaviours, that they employ with all patients, regardless of race or ethnicity.</p>	<p>PASS if these rates or higher are documented</p>	

<p>STEP 6: Non-health system breastfeeding support groups and services are fully available in the community, including WIC, International Board Certified Lactation Consultants (IBCLCs), La Leche League (LLL), and other skilled breastfeeding support.</p>	<p>i. Confirmation that such services are active or being created that would serve the community, with attention to meeting the needs of various racial/ethnic groups.</p> <p>ii. At least one in person or virtual meeting has been held and at least one communication to the public on this mutual effort are documented annually.</p>	<p>PASS if Designating Group receives documentation of the measures.</p>	
<p>STEP 7. The businesses and social organizations in the community as a whole provide a welcoming atmosphere to breastfeeding families.</p>	<p>i. At least 50% of the Chamber of Commerce (CoC) member organizations, economic development organizations, and non-member organizations have signed a form (attached) that they welcome breastfeeding in their place of business, and display welcome signs or “Breastfeeding Welcome Here” logo (e.g. window clings). These may be provided by the BFFC Team.</p>	<p>PASS if window clings (or similar) are posted and/or availability of materials in at least 50% of businesses are documented.</p>	
<p>STEP 8. Local businesses and healthcare clinics/offices follow the principles of the <i>International Code of Marketing of Breast-Milk Substitutes.</i></p>	<p>i. Parents receive breastfeeding education and support from the healthcare facilities.</p> <p>ii. Healthcare facilities will not promote commercial infant or related toddler formula through ads or free samples; and when supplementation is medically-indicated, will make every effort to access provide expressed milk from parent or donor human milk before infant formula.</p> <p>iii. Businesses that sell or promote commercial infant formula agree to offer pamphlets on the benefits of breastfeeding provided by a breastfeeding-support entity that receives no support from any part of the infant formula industry on the aisle or area where formula is sold.</p>	<p>PASS when no locally controlled businesses have advertised infant formula or related toddler formulas by verification with such businesses, and when at least 50% of food stores agree to provide breastfeeding-supportive materials near formula.</p>	

	<ul style="list-style-type: none"> iv. No locally controlled groceries, food markets, convenience stores or pharmacies will promote commercial infant or related toddler formula by preferential shelf placement or by ads. v. All non-locally controlled groceries, food markets, convenience stores and local pharmacies are encouraged to prevent local advertising of formula and to allow display space near infant foods and commodities for provision of breastfeeding literature and support information. This information may not be provided by the formula industry. 		
STEP 9. The WABA Maternity Care or, in the US, The US Business Case for Breastfeeding is promulgated by the government and the Chamber of Commerce.	<ul style="list-style-type: none"> i. The current state of the laws concerning mandated business support for breastfeeding, and the materials available to support the law, are made available to all CoC members, similar business groups, and other businesses at least annually (ACA materials from Dept. of Labor; provided by local breastfeeding organizations or health department), by : http://www.dol.gov/whd/nursingmothers/) ii. The US Business Case for Breastfeeding or WABA Maternity Care related materials are promulgated by the Chamber of Commerce or similar organization.(available at: http://www.womenshealth.gov/breastfeeding/employer-solutions/index.php) 	PASS if CoC, Rotary, and/or local breastfeeding organizations provide documentation that the health department has made the information and updated websites available.	
STEP 10. K-12, colleges and universities are encouraged to include breastfeeding-friendly curricula at all levels.	<ul style="list-style-type: none"> i. The local School District, or the Department of Education, provides books and/or images that illustrate breastfeeding as the norm. ii. Breastfeeding-friendly curricula are introduced at all levels of education. 	Pass if yes to one.	