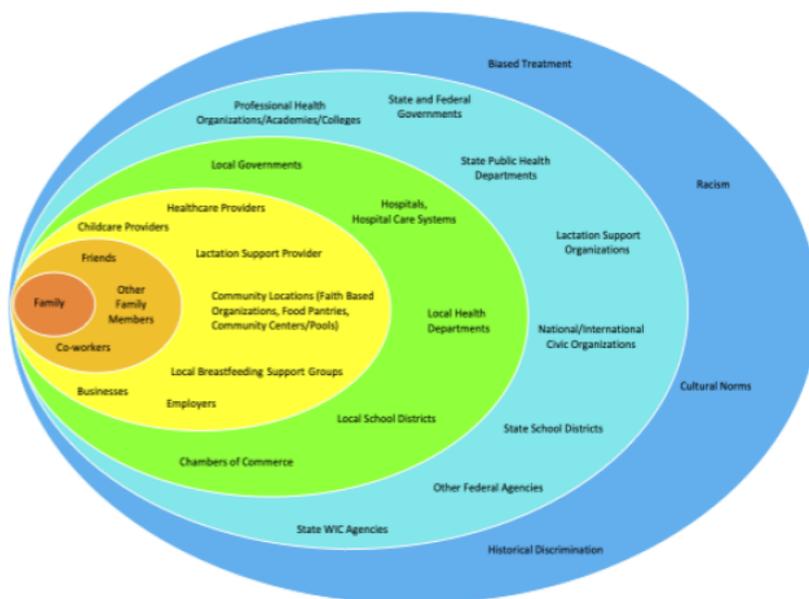


BREASTFEEDING FAMILY FRIENDLY COMMUNITY DESIGNATION (BFCCD)

Breastfeeding Family Friendly Communities (BFFC) nurtures a more breastfeeding, chestfeeding, and human milk feeding family friendly community by advocating for policies and practices that support optimal infant feeding, using a Ten Steps approach that complements and broadens the community scope of the World Health Organization (WHO) and UNICEF guidelines. The Breastfeeding family Friendly Communities initiative began as a pilot project in Chapel Hill and Carrboro, North Carolina, in 2014, with a vision to improve lactation duration by developing a set of measures to guide communities to welcome lactating families in all the spaces and places in which families live and work and shop and play. The measures, fondly called the Ten Steps to a Breastfeeding Family Friendly Community, foster continuity of care from pregnancy to birth to the family’s intended time to wean by building awareness of the community’s role in supporting families and providing measures and approaches to build a welcoming environment. In 2018, Breastfeeding Family Friendly Communities of Durham, now Breastfeed Durham, became the second community to begin the Ten Steps journey, and in 2020, with the enthusiasm and vision of new partners, the initiative in Chapel Hill and Carrboro grew to include communities in the entire county. To further support the initiative, Breastfeeding Family Friendly Communities incorporated in May, 2020, and was awarded 501c3 status in October, 2020. Currently, Breastfeeding Family Friendly Communities provides ongoing technical assistance and support to active communities in four states and 10 communities and has provided preliminary support to additional communities to explore the Ten Steps.



Support and safeguard the nursing family.

An ecological model shows the ever expanding environment for protection, promotion, and support of breastfeeding, chestfeeding, and human milk feeding.

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FAQS ON THE BREASTFEEDING FAMILY 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 [Baby-friendly Hospital Initiative Ten Steps to Successful Breastfeeding](#). The BFFC Designation expands on steps 3 and 10 of the Ten Steps to Successful Breastfeeding. The designation is granted by the local **BFFC Designating Group, based on recommendations and support from the local BFFC Team.** [For example: the local BFFC Team can include your local Health Department and WIC office, Office of the Mayor or City/Town Councils, local skilled peer-to-peer lactation support groups, the Chamber of Commerce, Parks and Recreation, child care community, LGBTQ community, historically marginalized communities, organizations supporting local immigrant communities, health-equity groups, and faith-based groups.]

WHY should we have a designation for breastfeeding?

Optimal infant feeding, that is feeding the infant at the chest or breast, especially exclusive chest/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. Chest/breastfeeding is also associated with overall a 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 chest/breastfeeding is “The Great Equalizer” because it impacts health equity outcomes at all ages and stages of life. A chest/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 Ten Steps self-appraisal. Work begins when two or more community members come together to

create a local Breastfeeding Family Friendly Community Designation Team. We recommend setting up a meeting with Breastfeeding Family Friendly Community <contact@breastfeedingcommunities.org> for assistance and so that your community can be added to the website <<https://breastfeedingcommunities.org>>.

WHY should a community become designated?

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

WHEN might a community start the process?

The designation journey may be initiated at any time of the year. [Hint: We recommend approaching governments during World Breastfeeding Week or National Breastfeeding Month, as governments can be more receptive to a chest/breastfeeding initiative.] Culture change, the process to normalize chest/breastfeeding within your local community, takes time. However, this process will transform your community to build health equity throughout the community. It is an important change and needs to begin, even one step at a time.

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, county, state, Standard Metropolitan Statistical Area [SMSA]) must be able to honestly respond in the positive to all the measures under each of the *Ten Steps to a Breastfeeding Friendly Community* and allow each to be verified by the local Designating Group and reviewed by BFFC Global Leadership.

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 chest/breastfeeding organizations (e.g., your local, national, and/or international chest/breastfeeding coalitions).

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 chest/breastfeeding families.
3. Optimal chest/breastfeeding¹ is supported by health leadership.
4. During pregnancy, all families in the community are informed about the benefits of chest/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 chest/breastfeeding support groups and services are fully available in the community, including International Board Certified Lactation Consultants (IBCLCs), peer-to-peer lactation support providers, and other skilled lactation support.
7. The businesses and social organizations in the community welcome chest/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 and employment 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 chest/breastfeeding-friendly curricula at all levels.

References

¹Definition of optimal infant feeding: Children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life...From the age of 6 months, children should begin eating safe and adequate complementary foods while continuing to breastfeed for 1 to 2 years and beyond.

²Find the International Code of Marketing of Breast-Milk Substitutes at <https://apps.who.int/iris/bitstream/handle/10665/254911/WHO-NM-H-NHD-17.1-eng.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 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 social media and other local media outlets, such as newspapers, radio and television, as available. Yes/No
- iii. Social media and other local media outlets have hosted a discussion of this issue annually with chest/breastfeeding experts. 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:

- 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 chest/breastfeeding families.

Rationale: This step builds upon State and Federal laws that dictate that breastfeeding, chestfeeding, and human milk feeding may be carried out wherever the parent 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 they need to nurse their infants, and chest/breastfeeding must not be relegated to places where adults would not consume food, such as toilet areas.

Measures:

- i. “Breastfeeding Welcome” 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” seal/logo is posted on community websites and/or social media or similar, and/or flyers are available at the Visitor’s Bureau.
- iii. 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 chest/breastfeeding¹ is supported by health leadership.

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

Measure:

- i. This definition of optimal infant feeding, 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:

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

PASS if the local health authority accepts this definition.

¹Children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life...From the age of 6 months, children should begin eating safe and adequate complementary foods while continuing to breastfeed for 1 to 2 years and beyond.

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

Rationale: Chest/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 the information.

Measures:

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 chest/breastfeeding authority or Designating Group, reflective of the population and culturally appropriate. Distribution may be via the health sector, local chest/breastfeeding support groups, or chest/breastfeeding coalition.

Suggested Approaches:

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

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 optimal infant feeding . Research confirms that comprehensive lactation support in prenatal, maternity, and postnatal care results in improved chest/breastfeeding success.

Measures:

- All maternity care centers are either designated Baby-Friendly (BFHI) or designated as fully qualified chest/breastfeeding friendly by a State-level equivalent designation. This designation must include at least the following: Healthcare personnel involved in the care of families with babies are trained in the skills necessary to support optimal chest/breastfeeding.
- All clinics have been informed about a breastfeeding-friendly designation (check with your state breastfeeding coalition), and at least 50% of offices/clinics have applied for the designation, OR, offices/clinics provide documentation concerning the prenatal chest/breastfeeding support, such as educational tools, or practice behaviors, that they employ with all patients, regardless of race or ethnicity. (link to Healthcare application template)

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 Designating Group.

- For ii: Designating Group has surveyed offices/clinics or has received documentation from local healthcare organizations that at least 80% of offices/clinics are seeking or have achieved designation. (In North Carolina, the Designating Group for the Office/Clinic designation is NCBC.

<https://www.ncbfc.org/mother-baby-friendly-clinics>)

PASS if these rates or higher are documented

STEP 6: Non-health system chest/breastfeeding support groups and services are fully available in the community, including International Board Certified Lactation Consultants (IBCLCs), peer-to-peer lactation support providers, and other skilled lactation support.

Rationale: Chest/breastfeeding support must extend beyond the clinic. Therefore, there must be active community support for referral and independent action by chest/breastfeeding families 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 lactation 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 the ~~various~~ racial/ethnic and marginalized groups in the community..
- 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:

- The Designating Group may facilitate the first meeting.
- The 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 welcome chest/breastfeeding families.

Rationale: For a community to support chest/breastfeeding, there is a need to provide locations where parents are comfortable chest/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 stating that they welcome chest/breastfeeding in their place of business and display welcome signs or “Breastfeeding Welcome” logo (e.g. window clings). These may be provided by the local BFFC Group.

Suggested Approaches:

- Local Designating Group interacts with CoC and/or other stakeholders to confirm provision and use of window magnets/clings for those who agree.
- Local organizations, such as La Leche League, chest/breastfeeding coalitions, etc. may participate in distribution of window magnets/clings and hanging units for chest/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 chest/breastfeeding for the health and well-being of infants, especially during the vulnerable early months of life. Lactation education and support allows families to make informed decisions regarding infant feeding practices. 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 the inappropriate and unnecessary marketing and distribution of breast-milk/human milk substitutes by healthcare facilities and businesses can impact the infant feeding practices of families.

Measures:

- i. Parents will receive chest/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 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 chest/breastfeeding in the aisle or area where formula is sold; the information is provided by a lactation-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 chest/breastfeeding literature and support information. This information may not be provided by the formula industry.

Suggested Approaches:

- The Designating Group may work with local WIC or health organizations to provide chest/breastfeeding materials near infant foods and commodities shelves.
- The 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 chest/breastfeeding-supportive materials near formula shelf placement.

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

Rationale: Workplace accommodation for lactating workers is included in the Affordable Care Act (ACA) for hourly workers and is needed for chest/breastfeeding to be successful following return to work.

Measures:

- i. The current state of the laws concerning mandated business support for chest/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 chest/breastfeeding organizations or health department: <http://www.dol.gov/whd/nursingmothers/>)
- ii. The US Business Case for Breastfeeding or WABA maternity care and employment-related materials are promulgated by the Chamber of Commerce or similar organization. (Materials are available at: <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case> and/or <http://waba.org.my>)

Suggested Approaches:

- CoC, community-based organizations, and/or local chest/breastfeeding organizations request the health department to promulgate this information annually and support adherence to the above.

- Designating Group reviews action for adherence

PASS if CoC, community-based organizations, and/or local chest/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 chest/breastfeeding friendly curricula at all levels.

Rationale: To become the normative behavior, people of all ages should be exposed to chest/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 chest/breastfeeding as the norm.
- ii. Breast/chestfeeding-friendly curricula are introduced at all levels of education.

Suggested Approaches:

- The local team approaches the head of educational systems.

PASS if yes to one.