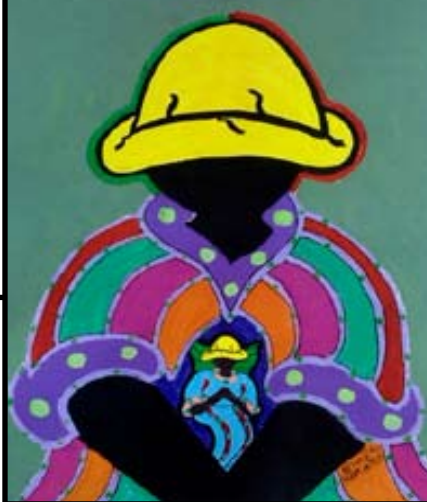


Community Action Kit for  
*Protecting,  
Promoting, and  
Supporting  
Breastfeeding*



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**Community Action Kit for  
*Protecting,  
Promoting, and  
Supporting  
Breastfeeding***

**Purpose and Use**

The purpose of this kit is to enable you to increase initiation, exclusivity, and duration of breastfeeding in your community in order to improve public health. Practical tools are given for assessing and addressing specific needs and issues affecting breastfeeding families in your community. Specific “how-to” steps will help you to

- build a coalition,
- assess the breastfeeding needs of your community,
- utilize available resources, and
- mobilize your community to protect, promote and support breastfeeding.

*Thank you!*

A special thanks to the prominent artists who graciously granted permission for their artwork to appear in this notebook. The samples included are beautiful tributes to nursing moms everywhere. Each divider page includes contact information if you want to ask for permission to incorporate their art in your projects. Please do not violate copyright laws by using this artwork without permission from the artist. You are welcome to copy and distribute all other material in this kit.

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Does Your  
Community Need a  
Breastfeeding Coalition?

## Why Is Breastfeeding So Important For Your Community?

Breastfeeding is a public health priority because it lowers the risk of many acute and chronic diseases for the child and mother. Not breastfeeding can have serious health risks for both the infant and the mother.

### *Benefits for Infants*

- Breastfeeding is a natural extension of pregnancy and childbirth. Breast milk is the normal, natural nutrition for infants. More than just good food for infants, it provides the ideal nutrients for human brain growth and protects the infant against infection.
- Numerous substances in breast milk have a protective effect for the infant. The fat in breast milk supplies calories, aids digestion of lactose (milk sugar), enhances nerve/brain development, inhibits parasites, and breaks down viruses. Proteins provide amino acids for muscle growth and cell function, stimulate brain growth and gut development, kill tumor cells, kill viruses and bacteria, stop inflammation, help baby absorb iron, aid fat digestion, and aid absorption and transport of vitamins and minerals. Carbohydrates supply energy for activity and growth, especially brain growth. Carbohydrates also inhibit bacterial binding (reducing urinary and other infections) and promote the development of the protective lining of the intestinal tract. Other nutrients and combinations of nutrients inhibit rotavirus, HIV, and many others. In addition, they trap and digest bacteria and viruses, activate immune components, and promote the maturity of the immune system. Not breastfeeding puts babies at a higher risk for infection and disease and denies immunological protection for the infant.
- There is strong evidence that human milk feeding decreases the incidence and/or severity of: diarrhea, respiratory infections, ear infections, bacteremia, bacterial meningitis, urinary tract infection, late-onset sepsis in preterm infants, and necrotizing enterocolitis - a condition common in premature infants in which portions of the gut die and have to be removed. This condition is very costly to treat.

- In addition, postneonatal infant mortality rates in the United States are reduced by 21% in breastfed infants.
- Studies also show a possible protective effect of human milk against sudden infant death syndrome in the first year of life and reduction in incidence of insulin-dependent (type 1) and non-insulin-dependent (type 2) diabetes mellitus, lymphoma, leukemia, and Hodgkin disease, overweight and obesity, hypercholesterolemia, and asthma in older children and adults who were breastfed, compared with individuals who were not breastfed.
- Researchers have observed that breastfed children of various ages score significantly higher on developmental scales than same age non-breastfed children. Lucas (Lancet, 1990) found that premature infants who received breast milk by tube feeding were more advanced developmentally at 18 months and at 7 to 8 years of age than premature infants who were tube fed artificial baby milk. These observations suggest that breast milk has a significant impact on the growth of the central nervous system.

### *Benefits for Mother*

- Decreased postpartum bleeding and more rapid uterine involution in the first few weeks postpartum.
- Decreased menstrual blood loss, delayed ovulation and, therefore, increased child spacing in the first several months of breastfeeding.
- An earlier or easier return to pre-pregnancy weight.
- Decreased risk of breast cancer and ovarian cancer.
- Decreased risk of hip fractures and osteoporosis in the postmenopausal period.
- Decreased risk of rheumatoid arthritis.

### *Social and Economic Benefits*

- The relationship of a mother with her breastfeeding infant is one of the strongest human bonds. In a study of low-income, minority women, researchers found that breastfeeding mothers supported by peer counselors developed a close attachment

to their babies, came to rely on their own intuitive and critical judgments rather than on the negative suggestions of those in perceived authority, and became empowered to support breastfeeding in their community (Locklin, 1995).

- Breastfeeding lowers health care costs and decreases employee absenteeism to care for sick children. Dr. Miriam Lobbok, M.D., Adjunct Associate Professor, Johns Hopkins University and Tulane University and Member of the Board of Directors, International Board of Lactation Consultant Examiners, estimated in a study performed at Georgetown University in Washington, D.C. that if every woman breastfed her infant for the first 3 months of life, the US would save over \$3.69 billion in health care costs each year. Each episode of diarrhea results in a \$50 - \$70 treatment cost for a mild case and a \$1500 - \$3000 treatment cost for a severe case. Days off work for the parent are usually from 1 to 5 days. Each episode of an ear infection costs \$60 - \$80 for treatment and results in 1-2 days off work for the parent. If the child has to have ear tube surgery, the cost is \$400 to \$1650 and results in 2 to 3 days off work for the parent (Lobbok, 1996).
- A 2001 review and analysis by the United States Department of Agriculture found that a minimum of \$3.6 billion would be saved if breastfeeding were increased from current levels to those recommended by the U.S. Surgeon General. The report went on to say that this figure is likely an underestimation of the total savings because it represents cost savings from the treatment of only three childhood illnesses: otitis media, gastroenteritis, and necrotizing enterocolitis.
- Encouraging mothers to breastfeed their infants is an important step in health promotion in Texas. The benefits for the state include not only healthier Texans but also a significant reduction in health care costs, now and in the future.

## **What Is A Coalition?**

A coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal. That goal could be as narrow as obtaining funding for a specific intervention, or as broad as trying to improve the overall quality of life for most people in the community. The individuals and organizations involved might be drawn from a narrow area of interest, or might include representatives of nearly every segment of the community, depending upon the breadth of the issue.

## Why Start A Coalition?

There are a number of reasons why developing a coalition might be a good idea. It can concentrate the community's focus on a particular problem, create alliances among those who might not normally work together, and keep the community's approach to issues consistent.

Consistency can be particularly important in addressing a community issue, especially if there are already a number of organizations or individuals working on it. If their approaches all differ significantly, and they're not cooperating or collaborating, it can lead to a chaotic situation where very little is accomplished. On the other hand, working together, agreeing on strategies, and identifying common goals is a more efficient way to produce results.

*Some more specific reasons for forming a breastfeeding coalition might include:*

- **To assess breastfeeding rates in your community and identify groups with low breastfeeding rates.**
- **To empower elements of the community - or the community as a whole - to implement of improve breastfeeding support activities.**
- **To inform elements of the community about currently available resources and facilitate client referral.**
- **To identify or provide breastfeeding resources and services.** It may take a coalition - either initially or over the long term - to design, obtain funding for, and/or run a needed intervention in the community.
- **To assess and tabulate community resources in critical areas.**
- **To bring about more effective and efficient delivery of programs and eliminate any unnecessary duplication of effort.** Gathering all the players involved in a particular issue can result in a more cohesive and comprehensive intervention. Rather than duplicating their efforts, organizations can split up or coordinate responsibilities in ways that afford more participants access to programs and allow for a greater variety of services.
- **To pool resources.** A number of organizations and individuals together may have the resources to accomplish a task that none of them could have done singly. In general, people and organizations join coalitions to do just that - accomplish together what they cannot alone.
- **To increase communication among groups and break down stereotypes.** Bringing together groups and individuals from many sectors of the community can create alliances where there was little contact before. Working together toward common goals can help people break down barriers and preconceptions, and learn to trust one another.



- **To revitalize the sagging energies of members of groups who are trying to do too much alone.** A coalition can help to bolster efforts around an issue. For people who've worked too long in a vacuum, the addition of other hands to the task can be a tremendous source of new energy and hope.
- **To plan and launch community-wide initiatives on a variety of issues.** In addition to addressing immediately pressing issues or promoting or providing services, coalitions can serve to unify efforts around long-term campaigns.
- **To develop and use political clout to gain services or other benefits for the community.** A unified community coalition can advocate for the area more effectively than a number of disparate groups and individuals working alone. In addition, a wide-ranging coalition can bring to bear political pressure from all sectors of the community, and wield a large amount of political power.
- **To create long-term, permanent social change.** Real change usually takes place over a period of time through people gaining trust, sharing ideas, and getting beyond their preconceptions to the real issues underlying community needs. A coalition, with its structure of cooperation among diverse groups and individuals and its problem-solving focus, can ease and sometimes accelerate the process of change in a community.

When discussing duplication of effort, “unnecessary” is a key word. In most instances, a number of organizations providing similar services, or services to the same population, are addressing a need greater than even all of them together can meet. The important thing here is to explore whether a unified approach can in some way increase or improve the services currently available.

The section above was adapted from the Community Tool Box at <http://ctb.ku.edu>. The Community Tool Box is an excellent resource for skill building information on topics such as coalition building, strategic planning, community assessment, grant writing, and designing, implementing, and evaluating community interventions.

## Why Do We Need a Breastfeeding Coalition?

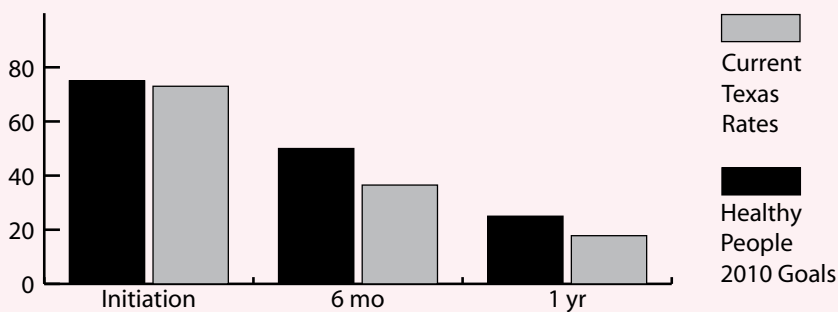
*We Have Goals to Meet.*

*We must improve Texas breastfeeding rates.*

- The Texas Department of State Health Services supports the Healthy People 2010 goal to increase the proportion of mothers who breastfeed to 75% in the early postpartum period, 50% at six months postpartum, and 25% at one year.

- According to the 2005 National Immunization Survey of the Centers for Disease Control and Prevention, breastfeeding rates in Texas are declining. About 73% of women in Texas now initiate breastfeeding, down from 74.5% in 2004. The rates of breastfeeding duration are also declining. The 2005 rates of any amount of breastfeeding at six months and one year are 36.5% and 17.8%, down from 37.5% and 20% in 2004. The 2005 rates of exclusive breastfeeding at six months and one year are 37.3% and 13%, down from 42% and 14% in 2004. We must focus on specific pockets of need in each community in Texas and address those needs in order to reverse the trend of declining breastfeeding rates.

### COMPARING DSHS GOALS AND CDC RATES



- o To compare Texas breastfeeding rates with that of other states, see <http://www.cdc.gov/breastfeeding/>
- o To compare U.S. data with that of other countries, and to learn more about worldwide breastfeeding patterns in the 1990's, see <http://www.childinfo.org/eddb/brfeed/test/database.htm>

### *We Have Barriers to Address. We must address community needs.*

Breastfeeding is the biological and physiological norm for humans, but society and artificial baby milk companies have demeaned the importance of this natural process creating numerous barriers, such as the ones below, that all moms must confront and battle.

- How do we ensure a mother has a successful breastfeeding experience when:
  - o she is being cared for by healthcare professionals who have received no formal education in the management of breastfeeding,
  - o her baby is taken away from her at birth and fed formula in the nursery,
  - o she receives free formula promotion gifts from her healthcare providers,

- o she gets conflicting information from lactation specialists and other healthcare providers, or
- o she has no insurance reimbursement for lactation services?
  
- Many women have to choose between returning to work to pay their bills or the health of their child and themselves. A large majority of employers do not support nor are required to support their employee's efforts to continue breastfeeding after returning to work.
  
- A significant proportion of society still views breastfeeding as a personal hygiene issue, a perverted activity, or something that the general public should not have to be exposed to.
  
- Breastfeeding is not included in most school curriculum as the normal way to feed infants.

### **What Can A Coalition Do?**

A coalition can help address the barriers by bringing awareness to the issues in order to create programmatic, policy, and legislative changes to protect, promote and support breastfeeding. A coalition can unite a community in providing optimal care to women and children and can expand and nurture a breastfeeding-friendly community.



## Who Should Be A Part Of Your Coalition?

In general, the broader the membership of any coalition, the better, but there are certain people and groups whose representation on a coalition is absolutely essential.

**1. Stakeholders.** These are the people who have a stake in the success of the coalition's efforts. They can include:

- The people most affected by the issue. This may include mothers who have had a negative breastfeeding experience or healthcare workers frustrated by the lack of support for breastfeeding.
- Formal and informal helpers — those charged with carrying out community functions related to the issue and others affected by what the coalition might do. The staffs of health and human service providers or other organizations and community agencies, hospital administrators and staff, healthcare providers, local employers, educators — anyone directly or indirectly involved in the results of coalition initiatives.

**2. Community opinion leaders.** It's extremely useful to include those who can influence large numbers of people. Clergy, business or civic leaders, or people who are highly credible in the community may fall into this group.

**3. Policy makers.** The participation of local political leaders, state representatives, and others in policy-making positions will add credibility to your enterprise and increase the likelihood that you can influence policy in your area of interest.

Involving emerging leaders is important. These are people, often without a particular position, whom others look to for guidance. They may be leaders of volunteer efforts, youth highly respected by their peers, active parents, or just those with clear leadership potential. They are important to have on board, both for their ideas and energy, and for the influence they wield and will wield as they become more widely known and respected in the community.

In addition to these specific groups, virtually any coalition can benefit from the membership of at least some concerned citizens who may have no direct connection to the issue at hand. Such people can both act as barometers of the attitudes of the community at large, and can bring information back to the community, explaining the work of the coalition and giving it a higher profile.

## Getting Your Coalition Started

### *Step 1 Put Together a Core Group*

You're probably not alone in your concerns about the issue at hand, and you may already have a core group - a few individuals or organizations — ready to work at forming a coalition. If not, your first step is to find and make contact with those individuals and organizations most involved with the issue.

Some reasons why a core group, rather than an individual, should lead the effort:

- A core group will have more contacts and knowledge of the community than an individual.
- It will give the idea of a coalition more standing among potential members.
- It will make finding and reaching potential members a much faster process.
- A core group will make the task of creating a coalition easier on all individuals involved, therefore more likely to get done.
- It shows the effort has wide support.

There are a few ways to approach assembling a core group:

- Start with people you know. If you're a longtime activist on this issue, or if you've been living or working in your community for a while, you have lots of contacts among those concerned with the same things you are. Use those contacts either to pull them into the circle, or to get the names of others who might be part of a core group. Someone who knows you — assuming you have a positive relationship — is usually more easily persuaded than someone who doesn't.
- Contact people in agencies and institutions most affected by the issue.
- Talk to influential people and people with influential contacts.

Try to recruit to the core group individuals most affected by and concerned with the issues. (e.g., Mothers who had a negative breastfeeding experience.) Incorporating such people into the core group will give you a built-in reality check, provide a link to the group they represent, add credibility to your effort, and demonstrate your commitment to a participatory process.

*Step 2 Identify Potential Coalition Members*

**Include a diverse representation from the entire community.** While some individuals will obviously be valuable members, the value of others may not be as apparent at first. Perhaps they are not aware of the importance of breastfeeding or its impact on their population. Still, they may have valuable contributions to make and may provide skills and resources far beyond those of traditional groups involved with breastfeeding promotion. By involving community members, coalitions help ensure that interventions meet community needs and are culturally sensitive. One of the foremost purposes of a coalition is to educate the public. Knowledge is a powerful tool in promoting and supporting breastfeeding, not only to breastfeeding women, but to all members of the community.

**Consider inviting staff from the following agencies and organizations in your community:**

**Public and Private Health Community**

- Hospitals
- Hospital auxiliary and alumni associations
- Women, Infants, and Children clinics
- Community health clinics
- Agriculture Extension Service staff
- Volunteer groups
- Junior League
- Health Department representatives such as WIC, perinatal health, maternal and child health, chronic disease, breast and cervical cancer, immunizations, etc.
- March of Dimes
- Early Childhood Intervention
- Midwife and Doula organizations
- Dietetic associations
- Social service agencies and social worker organizations
- Early Head Start Program
- Home health care agencies
- Psychologists organizations
- Professional schools (medical, nursing, OT, PT)

**Business Community**

- Local businesses including restaurants, shopping centers, malls, and other retailers
- Childcare facilities
- Media and professional advertising organizations
- Labor groups
- Chamber of Commerce
- Professional organizations
- Corporate wellness coordinators and company nurses

### **Educational Community**

- Public and private school administrators and counselors
- Parent Teacher Associations
- High school Life Skills Program staff (formerly called the Pregnancy, Education, and Parenting [PEP] Program)
- Early Head Start Program staff
- School nurses
- Professional student organizations
- School board

### **Ecumenical Community**

- Churches, temples, mosques
- Parish nurses

### **Civic and Volunteer Groups**

- City Council/County Commissioners
- La Leche League
- ILCA affiliates
- African American Breastfeeding Coalition affiliates
- Girl Scout Neighborhood leaders
- Camp Fire leaders

Contacting each of these organizations may not result in new members, but it will be an important step in communicating your intentions and the importance of your goals to the community at large.

### **Step 3      *Invite Potential Members***

Consider carefully the information you will send in announcing your intention to form a coalition. Each prospective member should be invited to participate as a full partner in the community-wide effort. The invitation should include:

- a clear statement of the importance of breastfeeding,
- the purpose of forming the coalition and how it will benefit the community or their specific organization,
- clear contact information, and
- date, location, and time of the first meeting.

Limit the number of specific projects identified in your invitation or do not list specific projects at all, so that potential members recognize they will have input into the activities of the coalition. (See sample invitation at end of section.)



## Step 4 *Plan and Hold a First Meeting*

The first meeting of a coalition is important. If it's a high-energy, optimistic gathering that gets people excited, you're off to a good start. If it's depressed and negative, or just boring, it's a good bet that a lot of people won't come back. It's up to the core group to plan a meeting that will start the coalition off on the right foot.

There are a number of possibilities for the content of the first meeting. The agenda should focus on the importance of breastfeeding and on the needs of your community, but you'll probably want to include some of the following:

- **Introductions all around.** Everyone should give a brief statement about who they are, the organization they represent, and the nature of their interest in the issue.
- **Additional built-in social time.** This may be as simple as having a boxed lunch brought in. Having lunch together will allow more time for networking and it promotes rapport and trust among coalition members.
- **Start defining the issue around which the coalition has come together.** This might mean the group coming up with an actual mission statement, or it might entail an initial discussion, followed by a small group being asked to draft a possible definition for the next meeting.
- **Discuss the structure of the coalition.** What kind of group will it be, how will it be run, what kinds of things will it actually do? Is hiring staff a reasonable goal?
- **At least start the process of creating a common vision and agreeing on shared values about the direction of the coalition.** This is the first step toward developing the vision and mission statements that will define the coalition and guide its work.
- **Discuss a procedure for forming an action plan.** Again, this may result in an actual plan, or it may lead to the appointment of a smaller group to draft a plan, or to the establishment of a procedure by which the larger group will generate a plan over a set period of time.
- **Review the things to be done before the next meeting, and who has agreed to do them.** It's important that people leave the first meeting feeling that something has been accomplished. If there are tasks being worked on, and specific results expected at the next meeting - even if those results are simply statements or preliminary plans to react to - coalition members will have a feeling of accomplishment.
- **Schedule at least the next meeting.** It may be possible to develop a regular meeting schedule at this first meeting, or it may make more sense to schedule only the next meeting and wait until the membership stabilizes and other people join before creating a long-term schedule.

### *Step 5 Follow up on the First Meeting*

You've held a successful first meeting - terrific! The job of building a coalition has just begun. Now, you have to follow up and make sure there will be a well-attended second meeting for work to continue.

The list that follows is for those who are putting the coalition together. That may be an individual, a core group, a staffer, or even a new coalition governing body. Someone has to be responsible for keeping an eye on the larger picture and making sure the jobs get done. Without some level of coordination, it's unlikely a coalition will survive and succeed.

- Distribute the minutes of the first meeting and reminders about the next meeting within 48 hours. This will be a reminder for those who agreed to work on a project that is due at the next meeting.
- Send invitations to potential new members. Try to widen your net as much as possible. Get to the folks you missed the first time, or to those whose names you've gotten from people who attended the first meeting.
- Follow up on the groups or individuals who are working on tasks assigned at the first meeting. Offer help, attend meetings, try to involve other people with relevant skills or knowledge — do everything you can to make sure those tasks get accomplished.
- If there are committees or task forces forming, try to recruit new members for them. The real work of the coalition will probably be done in these small groups, so it's important they have the right members. If you know people with expertise that could be used in particular ways, grab them. Most people will respond if asked, especially if they're asked because you value what they bring to the task.
- Keep track of the fundamental building blocks of the coalition that aren't in place yet. If the group hasn't decided on a structure or a coordinating body, you need to make sure that the decision doesn't get pushed aside and that it's in the works or being actively considered. If there's no work being done on an action plan, you need to provide the push to get it going.

### *Step 6 Next Steps*

There are a number of specific things — some of which you've already started in that first meeting — that need to be done to make sure the coalition keeps moving forward.

<ul style="list-style-type: none"> <li>• <b>Gather information.</b> In order to plan for action, you need as much information about the issue and the community as possible. See the Assess Your Community section for guidelines on researching your community issues and needs. Utilize students to do the research. If you're not clear on the issues and needs of your community, you may need to complete your community assessment before setting clear goals and objectives.</li> <li>• <b>Finish creating vision and mission statements.</b> These can be hashed out in a small group after everyone has had input in a larger meeting, or you can actually try to generate them in the larger group itself (perhaps by splitting people up into smaller groups, then coming back together to reconcile differences). It's important that there be agreement on the wording and intent of these statements, since they will be the foundation of the coalition, referred to again and again as the group discusses particular issues. Everyone should feel ownership of the statements if the coalition is to develop an identity.</li> </ul>	
	<p>A <b>Vision (or Legacy) Statement</b> should be a more encompassing dream of the organization and should reflect what you want the coalition to sustain long after your active membership is over. It answers the question: "What will success look like?"</p> <p>Example: <b>Breastfeeding is accepted as the cultural norm and promoted throughout Texas as the superior method of feeding infants and young children.</b></p> <p>A <b>Mission Statement</b> should describe the overall purpose of the organization or the outcomes your organization is working to achieve. It should answer the questions: "What is the group going to do?" and "Why is it going to do that?"</p> <p>Example: <b>To build and link our resources so that every woman has the motivation, knowledge, tools, and resources to successfully breastfeed.</b></p> <p>Your <b>vision statement</b> should inspire people to dream while your <b>mission statement</b> should inspire them to action.</p>
<ul style="list-style-type: none"> <li>• <b>Complete an action plan.</b> The coalition's action plan is intertwined with both its structure and its vision and mission. In practice, coalitions often start with a sense of what they need to do, and their structures, visions, and missions grow from that.</li> </ul>	<p><b>Do you need more information on:</b></p> <ul style="list-style-type: none"> <li>• <b>generating vision and mission statements,</b></li> <li>• <b>developing an action plan,</b></li> <li>• <b>creating bylaws, or</b></li> <li>• <b>finding funding?</b></li> </ul> <p>See <a href="http://ctb.ku.edu/">http://ctb.ku.edu/</a></p>

- **Finish the work of designing a structure for the coalition.** Again, this has to be a shared task with everyone having a chance to contribute ideas. There is a broad range of possibilities — from practically no governance to a very clear, formal hierarchy. It's crucial that the group come up with a form that everyone can live with. Once a structure has been agreed upon, there may still be the need for writing bylaws and otherwise formalizing it.
- **Elect officers, or a coordinating or steering committee.** Once there's agreement about the structure of the coalition, it's time for members to decide whether they want some sort of governing body, and to choose it so that the work of the coalition can proceed.
- **Examine the need for professional staff.** Depending on the scope of its work plan, a coalition may feel that it needs professional staff — at least a coordinator — to be effective. If it has the resources, a community coalition may be able to hire a full- or part-time coordinator. Or it may see the need and set out to find the resources. In addition to direct grants to the coalition, one or more member organizations may be able to provide funding, or employers or other elements of the community may be willing to fund all or part of a coordinator's salary if the work of the coalition is relevant to their concerns.

Strong leadership is essential. The need for strong leadership - whether individual or collaborative - cannot be overstressed. The ideal is to have the leadership dispersed throughout the coalition so that the departure of an individual doesn't create a vacuum. But however it's distributed, leadership is the one thing a coalition can't do without.

- **Determine what other resources — financial, material, informational, etc. — you need, develop a plan for getting them, and decide who's going to be responsible for carrying it out.** If you already have funding for a paid staff person, finding resources may be one of their primary responsibilities; or a committee of the coalition may have that responsibility, or someone may simply take it on. Part of creating a strategic plan that encompasses your vision, mission, and action plan is looking at the resources you'll need to reach your goals and planning to obtain those resources.

### *Step 7      Develop a Website*

Development of a website provides access to information on coalition activities and meeting schedules. Website development is a skill that requires resources and expertise. Perhaps someone in the coalition is proficient at this or you could look for a student volunteer that would take it on as a project for a website development course.

- Find a qualified, knowledgeable individual to guide the acquisition of necessary resources for and development of your website.
- Creating and updating a website is a labor-intensive activity. Development of a website should not be undertaken unless sufficient resources and time are available to devote to the project.

Anticipate 20-60 hours of work to set up the website and 2-10 hours per month to maintain it depending on your activities.

### *Step 8      Maintain the Coalition*

- **Start the hard work of maintaining the coalition over time.** Once your coalition is established, it still needs care and feeding. After it's had some success, people may start to take it for granted, or the original members may start to burn out or to get stale. Careful maintenance for the long term is an extremely important task.
- **Communicate, communicate, communicate.** Make sure that lines of communication within the coalition and among the coalition, the media, and the community are wide open. Open communication will assure that no one feels left out of the loop, and that everyone has the information necessary to make coalition efforts successful. Good communication with the media and the community will increase your chances for publicity and support when you need them.
- **Be as inclusive and participatory as you can.** Work at making the coalition a group in which anyone in the community will feel welcome, and continue to invite people to join after the first meeting. Try to involve everyone in generating vision and mission statements, planning, and major decisions. The more people feel ownership of the coalition itself, the harder they'll be willing to work to achieve its goals, and the less likely they'll be to allow turf issues or minor conflicts to get in the way of the coalition's progress.
- **Network like crazy.** Try to involve, or at least to keep informed, as many other groups in the community as possible. Let them know what you're doing, invite them to coalition meetings to make presentations or just to see what's going on, invite them to join if they're interested, or educate them about the issue. When groups in the community are informed about your work, they're more likely to be supportive, and to tell others about what you're doing as well. They may also have better connections to policy makers than you have, and may be able to help you approach them. (See Network.)

- **Try, at least at the beginning, to set concrete, reachable goals.** Success is great glue - achieving reachable goals early can help a coalition develop the strength to later spend the years it may take to pursue and achieve long-term goals.
- **Think about how you might institutionalize programs started by your coalition.** Once underway, who could adopt the program? (e.g., State Health Department, Hospital Association, Pediatric Society, Joint Commission of Accreditation of Healthcare Organizations) Would it be run well by the new organization or better left under the jurisdiction of the coalition? How will you engage the organization?
- **Be creative about meetings.** Community activists and health and human service workers often feel that they spend their whole lives in meetings. If each coalition meeting can be different and have some elements of fun to it, you'll be much more likely to retain both membership and interest in the coalition. Some possibilities include rotating the responsibility for meetings among the groups comprising the coalition; having only a small number of meetings a year, each with a particular theme, and doing most of the work of the coalition in committees or task forces; or regularly bringing in exciting presentations on the issue or in areas that relate to it.
- **Be realistic, and keep your promises.** If you're not sure you can do it, don't say you will. If you say you will, be sure you follow through.
- **Acknowledge diversity among your members, and among their ideas and beliefs.** Your coalition should mirror the cultural, economic, racial, ethnic, and religious diversity of your community, and represent a diversity of opinion. Not everyone will agree with everything the coalition does or wants to do, and sometimes the minority opinion will be right. Make sure to take everyone's opinion and restraints into account, and to use diversity as a spur to discussion, rather than a source of division.

• **Praise and reward outstanding contributions and celebrate your successes.**

In addition to success itself, the celebration of success is a great way to cement the bonds among members of a coalition. Whether through individual or group awards, or through parties or other events, celebration of achievement will help your coalition thrive, and will give you a much-needed opportunity to remember the goals. (Example: Central Texas Healthy Mothers, Healthy Babies Breastfeeding Coalition Mother's Day Award – coalition members presented donated "Mother's Day Bouquets" to Texas Ten Step Hospitals with a card from the president of the coalition thanking them for their great work in supporting breastfeeding.

It's important that there be a mechanism for getting things done when there is a disagreement, whether it's a majority vote or something else. A long-term disagreement over strategy or tactics can derail a coalition permanently, and make it totally ineffective.

## *Samples*

At the end of this section you will find samples of:

- An invitation to join a breastfeeding coalition.
- An organization survey used by the Harris County Breastfeeding Coalition which is sent to organizations along with a membership application when they express interest in joining the coalition.
- Legacy and Mission Statement and Goals of the Texas Breastfeeding Coalition.

A large portion of this section was adapted from  
The Community Tool Box at <http://ctb.ku.edu/>.

# Sample Invitation

Date  
Addressee  
Address

Dear XXXX:

A group of engaged citizens in your area are forming a breastfeeding coalition and would like to extend an invitation to (you/your organization/partnership) to become a founding member.

Exclusive breastfeeding during early infancy has been shown to reduce childhood illnesses, hospitalizations for those illnesses, and maternal risk for breast and endometrial cancer. Moreover, infants who are breastfed are significantly less likely to become obese in childhood and adolescence. Childhood obesity rates in Texas are among the highest in the nation, and breastfeeding rates are among the lowest. Both obesity and illness cost taxpayer dollars. Texans cannot afford low breastfeeding rates. Yet, even these low rates are declining. We need to come together and act now to insure that every Texas mother who desires to do so can give her child the best possible start in life by breastfeeding.

We believe you/your organization will make a vital contribution to discussions of critical priorities and practical realities as we work together to improve the health of children by increasing breastfeeding rates in Texas. Goals for the Coalition are simple, but bold: to (fill in when determined)

In the interest of exchanging ideas and developing strategies to improve breastfeeding support in our community, this coalition meeting aims to bring together healthcare providers, public health officials, lactation consultants, businessmen, school officials and educators, child care center directors, and civic organizers policy makers, to discuss what is working and what needs to be improved. We believe that together, we can develop a plan to address the specific needs of breastfeeding families in our community. We would be honored if you or a designated representative from your group can join this important community-wide effort.

Date

Time

Location

To learn more, contact Name, Phone number, E-mail.



## Sample Member Survey

### Harris County Breastfeeding Coalition Member Organization Survey

1. Please indicate which services your clients receive, and which you would like to offer.

Breastfeeding Support Service	% of clients receiving this service now from			Want to offer this service to our clients
	Your Group	Other	If other – Please write the name of the organization	
Prenatal Breastfeeding Classes				
In-hospital Skilled assistance with BF in first hr postpartum				
In-hospital Skilled assistance with BF at hospital bedside				
Telephone: Warm-line <sup>a</sup>				
Telephone: Proactive <sup>b</sup> ave:1-4 calls/client				
Telephone: Proactive <sup>b</sup> ave: >6 calls/ client				
Clinic based breastfeeding consultation by Peer Counselors / Educators				
----- Lactation Consultants (IBCLC)				
----- Physician <b>with BF credentials</b>				
Support Groups for BF women				
Home visits by trained (peer) counselors				
----- Ave 1- 4 visits / client				
----- Ave 6 or more visits / client				

<sup>a</sup>Mothers may call in and speak to a BF counselor. <sup>b</sup>Counselor calls all mothers at specified times postpartum

2. Who receives services from your organization?

Group	Number / Year	% Hispanic	% African American	% Caucasian	% Asian/Other
<b>Total # women / year</b>					
---During pregnancy					
---Intrapartum					
---Postpartum in Hospital					
---Post discharge 1-2 wks					
---Post discharge 2wk – 1yr					

3. **Eligibility:** How do women become eligible for your services? \_\_\_\_\_

HCBC

Created: 8/22/01  
Last printed: 9/7/01  
Last revision: 9/7/01

## **Texas Breastfeeding Coalition Legacy and Mission Statement and Goals**

**Legacy Statement:** To ensure that breastfeeding is the cultural norm.

**Mission:** To improve the health of Texans by working collaboratively to protect, promote, and support breastfeeding.

### **Goals:**

Ensure that all state and local laws and policies protect breastfeeding.

Protect and promote a public environment supportive and accepting of breastfeeding.

Improve breastfeeding rates.

Build, link, and ensure access to state and local resources.

Foster communication and build a strong networking system among stakeholders.

# Network to Expand

## What Is Networking?

Networking means developing contacts or exchanging information to further your cause — a career, project, or in this case the organized efforts of a breastfeeding coalition. It expands the reach and influence of your coalition and involves other groups who may have an interest, but not the time to be an active member of your coalition.

## Why Network?

- It saves time and steps, prevents “reinventing the wheel,” adds energy and creativity to projects and can increase the chance for success or effectiveness of your efforts.
- It enables your group to expand and be recognized and valued, giving your coalition credibility. Networking with local media, for example, advertises your efforts and successes. When people are aware of the importance of what you are doing, they are more apt to respond to your message in a positive way.
- It’s a wonderful way to advertise, get people involved, and acquire new ideas and resources that your initial group may not have thought of.
- It provides an ongoing source of information, updates, and events that otherwise might not be available to you in a timely manner. Thanks to the Internet, your coalition can network with other coalitions in Texas and around the world.
- It’s an inexpensive way to share and exchange ideas, experiences, information and resources.
- It’s a very neighbor-friendly way to enrich your coalition’s efforts. It makes you feel good to know you are helping each other.

## Tips for Networking

The art of networking comes easily to some, while others may need suggestions. Here are a few things to keep in mind.

- Be genuinely interested in the people you meet. Find out their interests and passions. Then, you will begin to see where you can effectively exchange ideas that are pertinent to both of you.
- Be a good listener. Listen to what people know and find a common ground where you can exchange pertinent information and determine how you might help each other. Listening to the other person will help you realize the needs and concerns of others and give you an opportunity to assess where your efforts are most needed. Listen to learn where their interests might coincide with your efforts to increase breastfeeding rates.
- Ask questions. Soon you will find yourself in an exchange of knowledge, ideas, and experiences that will help both of you. By asking and answering each other's questions, you learn how to further each other's efforts.
- Be informed and aware of what your current priorities are so that when the opportunity arrives, you will be able to intelligently inform others of what your coalition is doing.
- Be prepared by having a business card, materials, or contact information for anyone you might run across who brings up any topic related to breastfeeding needs. This will also remind them to contact you in the future and to get back to you with any information you are seeking.
- Advertise who you are and what you do by developing and maintaining a Web site and participating in health fairs, conferences, career nights, trainings, and other events where you can meet people in related fields and spread the news. Develop a logo to use on fliers, stationary, and your Web page.
- Contact people in the community you may not know, but whose status, experience, knowledge, or position may influence your cause.
- Partner with other organizations or coalitions that share your goals and vision and can help you with resources, technical assistance, and possible grant funding. (Examples: coalitions or consortiums with the goal of influencing childhood obesity, child hunger, chronic disease, or prevention of child abuse)

- Utilize the media. Networking with the media is essential in promoting your coalition efforts.
- Use the Internet. It has been said that networking is the heart and soul of the Internet. You can make valuable connections by browsing Web sites on a variety of related topics, exchanging ideas with other breastfeeding coalitions, finding out essential data, and exploring new resources.
- Share! Allow community groups who are helping you meet your goals to increase breastfeeding rates to use, adopt, and adapt your logo, fliers, and other resources. In turn, include appropriate information from other groups on your newsletter, Web sites, and handouts. Share the cost of printing materials, sponsoring conferences, trainings, or health fairs. Share your successful projects so that others don't have to "reinvent the wheel."
- Help people beyond your specific mission, especially when it's a cause close to your heart. This builds friendships, trust and networks beyond your current role. For example, if you are interested in placing homeless animals and know of an animal lover in your networking group who has expressed a desire for a pet, contact them with information on available animals at your shelter.

## **Networking Resources**

For more tips and guidelines on general networking and how to comfortably introduce yourself to people with the idea of helping each other, here are two recommended Web sites:

<http://www.webpronews.com/articles/2003/0205lr.html>

<http://www.webprobusiness.com/webprobusiness-64-20021004The-Art-of-Networking-.html>



## Assess Your Community

Assessing your community's needs helps you identify areas for improvement. At this point, your coalition may have identified problem areas in the community they want to work on. If not, recruit a few members of your coalition or assign a sub group to work together to assess and prioritize community needs. This is a very big task. Carrying it out is a major way to add new members to the coalition.

### Healthcare Community Support

To assess the level of support from the healthcare community, determine breastfeeding rates by surveying hospitals, birthing centers, and local Women, Infants, and Children (WIC) program rates. Conduct surveys of pregnant and postpartum women, hospital staff, pediatric, obstetric, and family practices, and staff in family health clinics and birthing centers to determine the support or lack of in the health community. Consider including the following questions in your surveys.

#### Pregnant Women

1. Has your healthcare provider encouraged you to breastfeed? What information has he/she given you?
2. Have you been given information about breastfeeding from anyone else? By whom and what was the information? In what form was the information given? (discussion, brochure, video, friends who breastfed, other?)
3. What have you been told about breastfeeding versus formula feeding? Are you aware of the short- and long-term health benefits and cost savings breastfeeding provides?
4. What are your views about breastfeeding and what influenced them?
5. Do you plan to breastfeed this baby? Why or why not? If undecided, what would you like to know to help you decide?
6. Is your family supportive of your decision to breastfeed? Have they received any information about breastfeeding and how they might help you during the first few weeks?
7. If this is not a first pregnancy and you have other children, were they breastfed? What was this experience like for you?

8. Have you chosen a pediatrician? If so, have you asked him/her about breastfeeding? Is he/she supportive of breastfeeding?
9. Do you plan to return to a job or school? If so, will you continue breastfeeding? Have you talked to your employer about pumping at work? Is your employer supportive?
10. Do you know other breastfeeding women? Are you aware of peer counselors or breastfeeding support groups in the community?
11. Are you aware of breastfeeding resources available to you? (Lactation consultants, WIC, breastfeeding hotline, peer counselors, African American Breastfeeding Alliance, La Leche League)

### Postpartum Women

1. Are you breastfeeding now or did you ever breastfeed?
2. How supportive was the hospital of your efforts to breastfeed?
3. Did hospital staff or your doctor give you free formula?
4. Did your doctor help you with breastfeeding?
5. Have you had any problems with breastfeeding? If so, who did you go to for help?
6. If you breastfed but have weaned your baby, why did you stop? With support and assistance, would you have continued to breastfeed?
7. Is there anything you need right now to help you continue breastfeeding?
8. Are you feeling confident so far about your baby's weight gain, health, and comfort?
9. Are you aware of breastfeeding resources available to you? (Lactation consultants, WIC, breastfeeding hotline, peer counselors, La Leche League)

### Healthcare Providers

1. Do you counsel/encourage pregnant women to breastfeed?
2. Do you have a policy to promote and support breastfeeding clients? If yes, are all staff aware of it?
3. Do you know that women are far more likely to breastfeed if their healthcare provider encourages them to breastfeed, especially women who are traditionally less likely to breastfeed? (Lu, M. et al. *Obstetrics & Gynecology*, 2001)
4. Do you or anyone on your staff feel comfortable assisting mothers when they encounter problems with breastfeeding?
5. Have you or any of your staff received training in breastfeeding management?
6. Do you have breastfeeding pamphlets, brochures, posters, videos and handouts available for clients?
7. Do you offer or refer clients to breastfeeding classes or support groups?



## Hospital Staff

1. Is your facility a Texas Ten Step Hospital? If not, have you heard of the program?
2. Do you have a policy to promote and support breastfeeding clients? If yes, are all staff aware of it?
3. Do you or anyone on your staff feel comfortable assisting mothers when they encounter problems with breastfeeding?
4. Have you or any of your staff received training in breastfeeding management?
5. Is your staff kept current on breastfeeding issues and management practices through training updates?
6. Do you encourage initiating breastfeeding within the first hour of birth?
7. Do you instruct new moms on how to breastfeed and recognize hunger cues?
8. Do you encourage rooming-in? If not, do you always bring babies to moms when they indicate hunger cues?
9. Do you refrain from interrupting breastfeeding unless you have a physician's order to do so?
10. Do you discourage the use of pacifiers and artificial nipples?
11. Do you give formula or water supplements to breastfeeding babies while in the hospital?
12. Do you explain the implications of introducing formula to a breastfed baby?
13. Do you have breastfeeding pamphlets, brochures, posters, videos and handouts available for clients?
14. Do you give free formula samples or coupons to new moms?
15. Do you provide follow-up breastfeeding assistance for moms after discharge? If not, do you refer moms to breastfeeding classes or support groups?
16. For IBCLCs who may be employed by the hospital: How do you feel about the breastfeeding education and support at your facility?

## Business Community Support

To determine the level of support provided by local businesses, survey business owners and managers — include restaurants, malls, supermarkets, health clinics, and childcare facilities to determine if they support mothers who want to continue breastfeeding after they return to work or school. Consider including the following questions in your surveys.

### Business Owners or Managers

1. Are you a certified Mother-Friendly Worksite? If not, have you heard of the program?
2. Do you allow your employed mothers to flex their schedules so they can express their milk during work hours?

3. Do they have a private place to express their milk that also has an electrical outlet and is not a bathroom?
4. Are you supportive of customers who may need to breastfeed in your place of business?
5. For schools: Do you provide students and teachers a place and time to pump or nurse their babies after returning to school?
6. For childcare providers: Have staff received training for supporting breastfeeding clients?
7. Are you aware of the health benefits of mother's milk?
8. Are you aware of the benefits to your company/business of supporting breastfeeding employees?
9. Would you like to receive additional information on the Mother-Friendly Worksite program and how it can benefit your company/business?

### **Education Community Support**

Survey schools, libraries, museums, and other community organizations to determine their level of support towards breastfeeding. Do they present breastfeeding as the normal way to feed infants?

### **Education Sources**

1. Is your school a certified Mother-Friendly Worksite? If not, have you heard of the program?
2. Do you include age-appropriate education activities on lactation in their school curriculum?
3. Does your school have a significant number of teen moms? Is school administration supportive of breastfeeding students? Do they have a breastfeeding policy for teen parents who return to class wanting to continue breastfeeding? Do they receive information and support to help them breastfeed? Are school nurses supportive of breastfeeding?
4. Would you like to receive additional information on the Mother-Friendly Worksite program and how it can benefit your school?

5. For crisis/defense shelters: Do you have instructional pamphlets in case of natural disasters and other emergencies (weather, blackouts, terrorist threats, other)? Do you have information on collecting and storing human milk and the benefits of breastfeeding over artificial feeding in case of natural disasters?
6. For libraries, museums, and other learning facilities: Do you participate in World Breastfeeding Month, feature or promote breastfeeding literature and information, and/or are you a certified Mother-Friendly Worksite?
7. For organizations such as the Girl Scouts, Camp Fire, Boy Scouts, Indian Guides, Indian Princesses, church or temple or mosque groups, and other volunteer and civic groups: Do you participate in activities and events that promote, honor, and support breastfeeding?
8. For media venues: Do you try to keep citizens updated on breastfeeding research and promotional events?

## **Local Political Support**

Determine your existing state laws and city ordinances. Then survey your local law and policy makers — legislators, city council, county commissioners, and other elected officials — to see what they know about breastfeeding and to determine their history of supporting maternal and child health issues. Let your representative know you are one of her or his constituents by telling her or him where you live. Then tell your representative what you need from her or him in order to win your vote.

### **Elected officials**

1. Are you aware that there is a positive relationship between breastfeeding and maternal and child health?
2. Are you aware that there is a positive relationship between breastfeeding and chronic disease?
3. Are you aware that breastfeeding is a cost saving issue?
4. What maternal or child health bills or policies have you supported in the past?
5. Would you be willing to support legislation or policy that protects a mother's right to breastfeed in any public place and a baby's right to be breastfed?
6. Would you be willing to support legislation that restricts hospitals from passing out formula promotion gift bags to every patient, regardless of her infant feeding decision?
7. Would you be willing to support legislation or policy that provides tax incentives for employers who provide safe and sanitary accommodations and flex time for mothers to express their milk during the workday?

## Completing Your Community Assessment Worksheets

Once you have surveyed all areas of your community, complete the Community Needs and Potential Coalition Member/Stakeholder columns of the Community Assessment Worksheets. For example,

- There is a community need to provide pregnant women with breastfeeding information if the majority of pregnant women surveyed indicated they received little or no information on breastfeeding.
- There is a community need to educate physicians and provide them with tools and handouts to educate their clients if obstetricians indicate they leave breastfeeding education up to their clients. An obstetrician would be a valuable coalition member to help with this need.
- If 70 percent of women initiate breastfeeding in the hospital yet only 54 percent are still breastfeeding at hospital discharge, there is a need for better hospital support and follow-up care. A director of OB services at a local hospital would be an invaluable coalition member to help you with this need.
- If the surveys show there is support in the hospitals but very little in the business community, ask hospital staff, pediatricians, and obstetricians to provide letters to area employees encouraging them to support breastfeeding employees and to become certified as Mother-Friendly Worksites. If there is already a Mother-Friendly Worksite in the area, invite someone from that business to be a coalition member to help you with this need.

You should be able to determine from the Community Assessment Worksheets the greatest needs of your community, which will help you decide future coalition activities and action plans. You will have also identified additional stakeholders to invite to future coalition meetings.

### Samples

At the end of this section you will find samples of:

- Community Assessment Worksheets
- Hospital and WIC Clinic Surveys for Breastfeeding Support used by the Harris County Breastfeeding Coalition

## Community Assessment Worksheet

For (circle one):

pregnant women

medical providers

education sources

postpartum women

businesses

lawmakers

other

<b>Community Needs</b>	<b>Potential Coalition Members/Stakeholders</b>	<b>Ideas and Resources</b>
Providing pregnant mothers with accurate breastfeeding information	Jane Doe, OB/GYN	OB/GYN offices, WIC peer counselors, local LLL, DSHS breastfeeding brochures and posters; DSHS Breastfeeding Trainings
	Sue Smith, WIC Peer Counselor	Visit OB/GYN offices; bring posters and brochures
	Karen Jones, LLL leader	Arrange for a DSHS breastfeeding training in your community; market it to MDs, RNs, Social Workers

sample

## Community Assessment Worksheet

For (circle one):

pregnant women

medical providers

education sources

postpartum women

businesses

lawmakers

other

<b>Community Needs</b>	<b>Potential Coalition Members/Stakeholders</b>	<b>Ideas and Resources</b>

Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_

**Sample Community Survey**  
**Questionnaire for Breastfeeding Support**  
**Prenatal and Postpartum for Hospitals**

Address: \_\_\_\_\_

**Contacts**

Director of Women and Infant Services: \_\_\_\_\_

Postpartum: \_\_\_\_\_

Nursery: \_\_\_\_\_

Lactation Consultants: \_\_\_\_\_

**Breastfeeding Rates**

# of Deliveries/ month: \_\_\_\_\_

% of women initiating breastfeeding in the hospital: \_\_\_\_\_

% of women exclusively breastfeeding at discharge: \_\_\_\_\_

% of women still breastfeeding at 1 wk postpartum: \_\_\_\_\_

% of women still breastfeeding at 2 wk postpartum: \_\_\_\_\_

% of women exclusively breastfeeding at 1 wks: \_\_\_\_\_

% of women exclusively breastfeeding at 2 wk: \_\_\_\_\_

Other BF rate information collected: \_\_\_\_\_

**Prenatal Breastfeeding Education for mothers**

Does your hospital provide prenatal breastfeeding education? Y N

If yes, how do you provide that education:

A. Written materials?

If yes, source of written materials: \_\_\_\_\_

Language(s) of written materials: \_\_\_\_\_

B. Classes?

If yes, how are your breastfeeding classes structured:

\_\_\_\_\_ Separate classes offered by hospital

\_\_\_\_\_ Part of birthing or prenatal classes offered by hospital

\_\_\_\_\_ Referred to another agency for classes

Name of agency teaching classes: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

### Postpartum Breastfeeding Education

Does your hospital provide postpartum breastfeeding education? Y N

If yes, how do you provide that education:

A. Written materials provided during stay or at discharge?

If yes, source of written materials: \_\_\_\_\_

Language(s) of written materials: \_\_\_\_\_

B. Classes offered during hospital stay or after discharge?

If yes, how are your postpartum breastfeeding classes structured:

\_\_\_\_\_ Separate classes offered by hospital

\_\_\_\_\_ Part of postpartum classes offered by hospital

\_\_\_\_\_ Refer mothers to classes at another agency

Name of agency teaching classes: \_\_\_\_\_

### Breastfeeding Initiation in the hospital:

On average, how long after delivery are newborn infants allowed to attempt breastfeeding?

Uncomplicated vaginal term births \_\_\_\_\_

Cesarean section term births \_\_\_\_\_

On average, how long are healthy term newborns kept in the transitional care nursery

before going out to their mothers? \_\_\_\_\_

What percentage of mothers in your hospital room in with their infants?



Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

### Intrapartum Hospital Support

Is a physician order required to feed formula to a breastfed infant in your hospital? Y N

Who helps mothers establish breastfeeding at your hospital?

- All Nursing staff

Specially designated lactation support personnel:

- IBCLC certified staff # FTE
- Other **nationally** certified Breastfeeding consultants # FTE
- Peer Counselors or infant feeding counselors # FTE
- Other: \_\_\_\_\_ # FTE

What percentage of your nursing staff receive breastfeeding training?

How many hours of continuing education in breastfeeding management are required yearly for your nursing staff?

- Postpartum
- Obstetric
- Neonatal

Does your hospital distribute formula advertising or **free** formula samples or coupons

- at bedside
- in discharge packs?

Does your hospital have a “warm line” that mothers can call if they have questions or concerns about breastfeeding after discharge?

If yes, what percentage of you mothers use this service?

Does your hospital routinely try to call **every** breastfeeding mother to ask about breastfeeding progress within the first week after discharge?

If yes, what percentage of your mothers are you able to reach

- within 1 wk?
- within 2 wk?

Does your hospital offer home visits to assist with breastfeeding?

\_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Does your hospital have a breastfeeding clinic? Y N

If yes, who staffs the clinic?

- RN?
- IBCLC?
- Other breastfeeding counselors?
- Other? \_\_\_\_\_

If yes, who is eligible to come to the clinic?

- Women who deliver at your hospital
- Any mother

If yes, what percentage of mothers who deliver at your hospital come to your breastfeeding clinic?

What is the charge to the mother for clinic visits?

Do you refer mothers to outside groups or professionals for breastfeeding assistance after discharge?

If yes, to whom do you refer?

- WIC
- LLL
- Private Lactation Consultant
- African American Breastfeeding Alliance
- 1-800 phone number for Mom's Place in Austin
- 1-800 phone number - National

Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Clinic Name: \_\_\_\_\_

**Sample Community Survey**  
**Questionnaire for Breastfeeding Support**  
**Prenatal and Postpartum for WIC Clinics**

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Do you have Breastfeeding Classes? \_\_\_\_\_

Who provides the classes? \_\_\_\_\_

Do you have Peer Counselors? \_\_\_\_\_

**What do your Peer Counselors do?** Check all that apply.

Home Visits \_\_\_\_\_ Tel. Counseling \_\_\_\_\_ Clinic visits \_\_\_\_\_

Breast pump issuance \_\_\_\_\_ Teach classes \_\_\_\_\_ Teach in community \_\_\_\_\_

Other, list: \_\_\_\_\_

What written info do you give out to BF moms? \_\_\_\_\_

If a mother is having problems with BF to whom do you refer? \_\_\_\_\_

Do you have a contract with an IBLC? \_\_\_\_\_

If so, who? \_\_\_\_\_

Do you have a breast pump program?

Manual? \_\_\_\_\_ Purely Yours? \_\_\_\_\_ Elite? \_\_\_\_\_

What is your clinic policy pertaining to issuing breast pumps?

Manual? \_\_\_\_\_

Single-user electric? \_\_\_\_\_

Multi-user electric? \_\_\_\_\_

Who is the contact person for issuing pumps? \_\_\_\_\_

**What other services do you provide for breastfeeding mothers?** Check all that apply.

Nursing bras \_\_\_\_\_ Nursing pads \_\_\_\_\_ Breast shells \_\_\_\_\_

Breast shields \_\_\_\_\_ Supplemental Nursing Systems \_\_\_\_\_

Other feeding devices, list: \_\_\_\_\_

Books \_\_\_\_\_ Videos \_\_\_\_\_ Support Group \_\_\_\_\_

Other, list: \_\_\_\_\_

How can the staff in the hospitals help mothers get services at WIC?  
\_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Clinic Name: \_\_\_\_\_

**Sample Community Survey**  
**Questionnaire for Breastfeeding Support**  
**Community Clinics**

Clinic Address: \_\_\_\_\_

Person completing form: \_\_\_\_\_

**What maternal- child services are offered at your clinic:**

Prenatal care? Y N

Postnatal care for new mothers? Y N

Newborn follow-up? Y N

Well child care? Y N

**Does your clinic offer counseling for breastfeeding problems? Y N**

**If yes**, who offers counseling for breastfeeding problems at your clinic?

\_\_\_ Physician \_\_\_ RN \_\_\_ IBCLC Lactation educator \_\_\_ LLL leader

\_\_\_ other breastfeeding specialist: \_\_\_\_\_

**If no**, to whom do you refer mothers who are experiencing difficulty with breastfeeding?

\_\_\_ no specific referral \_\_\_ WIC \_\_\_ LLL leader \_\_\_ IBCLC lactation consultant

\_\_\_ other: \_\_\_\_\_

**Does your clinic offer Breastfeeding Classes? Y N**

**If yes**, is the class taught by: \_\_\_ an IBCLC \_\_\_ LLL leader \_\_\_ Other breastfeeding specialist, specify: \_\_\_\_\_

**If no**, do you refer your mothers elsewhere to take breastfeeding classes? Y N

If so, where: \_\_\_ WIC \_\_\_ other, specify: \_\_\_\_\_

**Is there a WIC clinic in the same building as your clinic? Y N**

**If yes, name of WIC clinic:** \_\_\_\_\_

**Do your mothers have access to WIC peer counselors when they visit your clinic? Y N**

**Do you distribute written information about breastfeeding to:**

Pregnant women Y N

Postpartum women Y N

What is the source of the information you distribute? \_\_\_\_\_

**Would you like a list of resources for breastfeeding help in your community? Y N**

## Address Community Needs

Once you've determined what the greatest needs are in the community, discuss the assets, talents, and resources each member brings to the table. Then, form subcommittees and delegate responsibilities for priority projects. Depending on your size and funding, you may take on more than one or two projects simultaneously. Or you may prefer to focus on one project at a time.

The suggested activities in this section are examples of just a few of the projects your coalition might try. They are designed to give you ideas and resources to help you attain your goals. Some of the suggestions have resources and references to help you in your activities. For example: (R85) means the resources for this activity can be found on page 85 in the Resources and Materials section of this notebook.

### **Hospitals and Birthing Facilities**

Encourage hospitals and birthing facilities to become more breastfeeding-friendly.

- Conduct a survey of "Best Practices" policies at local hospitals and implement an annual award.
- Order promotion materials and learn all you can about the Department of State Health Services Texas Ten Step (TTS) program. (R89)
- Promote the program to local hospitals and birthing facilities:
  - o Meet with the Director of Women's Services and hospital and birthing facility administrators to make them aware of the benefits of becoming a TTS facility and encourage them to apply for TTS status. Review the steps their facility may already have in place. Leave a packet with the flier listing the steps to become a TTS facility. Include the TTS application, a list of Texas Ten Step Facilities, and Model Hospital Policy.

- o Sponsor a lunch — sandwiches, coffee and fruit — at the hospital and invite OB/GYNs, family practice physicians, general practitioners, pediatricians, and maternity nurses to attend. Discuss the benefits to the community and to their facility in becoming a TTS facility.
- o Refer and provide a web link to the DSHS Strategic Plan for the Prevention of Obesity in Texas, which specifically encourages Baby-Friendly Hospital breastfeeding policies in all healthcare settings. (R98)
- Once the facility attains TTS status:
  - o facilitate publishing or airing this information with local media.
  - o ask the hospital answering service to record TTS information on the “hold” message while calls are being transferred.
  - o print your logo and a breastfeeding slogan on coffee mugs, notepads, pencils, water bottles or other accessories and give them to hospital staff when their hospital is designated a TTS facility. Print the names of TTS facilities in your area on the other side of the mug.
- Whether or not the facility obtains TTS status, encourage the nursing staff to work with you to establish a brown bag or potluck lunch every two or three months to update physicians and staff on breastfeeding research.
  - o Distribute one or two copies of topical breastfeeding abstracts available online at each meeting. (see Utilize the Evidence section)
  - o Invite pro-breastfeeding members of the health community to speak on related topics. Have a list of available presenters to help you each month, including hospital physicians.
- In the hospital-staff break room or meeting room for your brown-bag luncheons, routinely post on-going, updated breastfeeding resource information such as:
  - o breastfeeding training schedules offered by the DSHS (R90),
  - o any other breastfeeding trainings, conferences, and CME-accredited classes being held in your community (R90),
  - o on-line, self-paced CME training for physicians (R90),
  - o fliers on how to utilize services of the Mother’s Milk Banks at Austin or Fort Worth (R89), and
  - o information on how to become an IBCLC (R99).
- Inform staff at hospitals and birthing facilities of the Texas WIC Breastfeeding Peer Counselor Program. They may be able to utilize trained WIC peer counselors or they may want to obtain a Peer Counselor training manual to train their own counselors. (R90)

- Help the facility create a breastfeeding referral flier to give breastfeeding moms at discharge so they know who to call for help. Include local resources such as hospital lactation support program information, WIC clinics, La Leche League Leaders, and private practice IBCLC's as well as State and National resources such as the Texas Breastfeeding Support Warmline, the National Women's Health Information Center, and the African American Breastfeeding Alliance.
- Provide hospitals and birthing facilities with information on breastfeeding in emergencies near the beginning of every hurricane season or if the nation or state is under high-alert for any other emergency. (R93)
- Bring hospitals and birthing facilities framed breastfeeding posters. Posters must be framed in hospitals to meet Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements. Unframed posters can be ordered free of charge from DSHS. (R85)
- Inform hospitals and birthing facilities of inexpensive breastfeeding videos in English and Spanish they can purchase to use in prenatal classes, hospital rooms, and discharge packs. (R85)
- Bring hospitals and birthing facilities breastfeeding brochures available free from DSHS. (R85)
  - The following items are recommended:
    - o *Colostrum* flier, stock number 13-06-11549, gives immunological benefits of colostrum and important reasons for nursing the first few days of life.
    - o *An Instructional Guide for Giving Your Baby the Best*, stock number 13-220, tells moms everything they need to know to get through the first few days of breastfeeding.
    - o *Mother's Milk for Premature Babies* brochure, stock number 13-46. Tips on pumping and storing milk until premature baby can breastfeed.
    - o *Ssh...Nursing in Progress* door hangers, stock number 13-06-11497, ensure privacy while nursing in the hospital or birthing facility the first few days.
- Assemble and distribute discharge packets for new moms.
  - o Solicit Girl Scout troops, Camp Fire, or senior volunteers to help assemble and deliver the packets to the hospitals and birthing centers.
  - o Coordinate with nursing homes, quilting guilds, church and temple groups, businesses, and volunteer organizations who may want to help you with gift items, such as baby quilts, blankets, crocheted and knitted items, and small items babies need (teething ring, thermometer, rattle, infant toy or book) especially if you are distributing to low-income women. Add one or more of these items to each discharge packet.

## Healthcare Provider Offices and Health Clinics

Help healthcare providers and health clinics to become more breastfeeding-friendly.

In populations traditionally less likely to breastfeed, provider encouragement significantly increased breastfeeding initiation by more than threefold among low-income, young, and less-educated women; by nearly fivefold among black women, and by nearly 11-fold among single women. (Lu, M et al, *Obstetrics & Gynecology* 2001)

- Bring DSHS breastfeeding posters and brochures to healthcare provider (HCP) offices. (R85)
- Take HCPs a *Doctors Make the Difference* handout which explains how influential HCPs can be on a woman's decision to breastfeed. (R88)
- Take handouts on how to make their practice more breastfeeding-friendly. (R88)
- Bring HCPs a copy of the *DSHS Strategic Plan for the Prevention of Obesity in Texas*, action item section for healthcare providers that encourages them to adopt Mother-Friendly Worksite and Baby-Friendly Hospital breastfeeding policies in all healthcare settings, and to distribute breastfeeding information to women of child bearing age and their families, and to provide lactation support. (R98)
- Create a breastfeeding resource binder for hospital nursing stations.
- Inform HCPs of inexpensive breastfeeding videos they can purchase to use in their waiting rooms. (R85)
- Encourage HCPs to provide signed letters to employees of working women who want to continue breastfeeding after returning to work. (R88)
- Recognize breastfeeding supportive HCPs by presenting them with a framed certificate of appreciation.



- Recommend local HCPs who are supportive of breastfeeding or list them on your Web site. If HCPs are told their clients chose them because they heard they support breastfeeding, the pro-breastfeeding health community will expand.
- Ask HCP’s answering service to record a breastfeeding fact on the “hold” message while calls are being transferred.
- Distribute breastfeeding information by honoring physicians on Doctor’s Day, March 30th.
  - o Take physicians a framed breastfeeding poster with a note thanking them for supporting breastfeeding.
  - o Print your coalition name, number, slogan or logo on coffee mugs. Fill the mugs with candies.

## Business Community

Encourage local businesses and civic organizations to be supportive of breastfeeding customers and employees.



- When you hear of new commercial development plans, call the developer to see if there are plans to incorporate a sitting area where families can sit down, take breaks, and feed their children.
- Learn more about the Mother-Friendly Worksite Program before doing outreach to the business community, such as
  - o how it benefits employers as well as employees,
  - o the requirements to become a MFW, and
  - o the DSHS materials available to promote the program. (R93)
- Assemble MFW information packets with the following materials available from DSHS (R85 & 93):
  - o *Become A Mother-Friendly Worksite* brochure, stock number 13-58.
  - o List of Texas businesses designated Mother-Friendly.
  - o An application to become a MFW.
  - o A reference and web link to the *DSHS Strategic Plan for the Prevention of Obesity in Texas*, which encourages businesses to become Mother-Friendly. (R98)

- Distribute MFW packets to local businesses by calling or visiting their human resources department or visiting with the manager or owner.
  - Appointments made ahead of time may give you more time to cover the benefits of becoming a MFW.
  - Offer to provide technical assistance to set up pump rooms or for other breastfeeding issues.
  
- For employers choosing to become certified as a MFW, create and offer “working and breastfeeding” family information packets for them to hand out to employees or offer ordering instructions and samples of free DSHS breastfeeding materials that they can order for their employees such as:
  - *Tips for Caring for Your Breastfed Baby in Day Care*, stock number 13-28
  - *Breastfeeding and Working Works for Me* brochure, stock number 13-06-11496
  - *Hand Expression and Storage of Milk* brochure, stock number 13-206
  
- Give extra recognition to businesses in your community who become certified as a MFW.
  - Present them with a framed certificate of appreciation at a community event to recognize them for doing an outstanding job in supporting breastfeeding clients.
  - When working with the media, include names of Mother-Friendly businesses in your articles.
  - Encourage businesses to display their Mother-Friendly decal so customers can see it.
  
- Order DSHS *Breastfeeding Welcome Here* decals. Take decals and a handout describing the benefits of providing a welcoming atmosphere to breastfeeding families to businesses in your area. (R85)
  
- When you dine in a restaurant or patronize a business that allows mothers to breastfeed in public or provides a clean, attractive place for them to nurse, acknowledge your appreciation and tell them that is one reason you bring your business to them.



## Education Community

Help local childcare centers support breastfeeding moms. Make sure childcare centers and K-12 schools are including mother's milk feeding as part of normal mammalian reproduction in basic life science classes, breast anatomy and physiology in biology classes, and breastfeeding as normal infant feeding in nutrition, health, and family economic classes.

Children form ideas about feeding infants from the earliest years. If they were not breastfed or do not remember breastfeeding, and if they grow up without seeing breastfeeding, they may not think of it as a natural phenomenon. Making children aware of breastfeeding allows them to accept breastfeeding as normal. As they grow up they will be more apt to choose breastfeeding when they have children.

## Child-care Centers

- Assemble breastfeeding promotion packets specific to child-care centers. Include information on How to Support A Breastfeeding Mother training (R91) with 1.5 CEU credits for child-care workers, at least one child's book portraying breastfeeding, children's coloring sheets, a breastfeeding poster, and Mother-Friendly Worksite information.
- Offer to present How to Support A Breastfeeding Mother training for their staff.
- Offer to provide assistance to directors of child-care centers to become Mother-Friendly Worksites. (R93)
- Educate child-care staff about the positive impact they could have on the breastfeeding relationship if they encourage mom to stop by on her lunch break to nurse or to nurse before her commute home. Ask them to set up an area or chair for nursing moms so they know they are welcome to nurse.
- Provide child-care centers with a list of picture books for babies, toddlers and pre-school children that portray breastfeeding (R86).
- Take DSHS Breastfeeding Welcome Here decals to child-care centers for them to display in their window or on their front door. (R85)

## K-12 Schools

- Provide schools in your community with age-appropriate breastfeeding education classes as part of their curriculum. Bring teachers grade levels lessons from the New York teaching module, Breastfeeding: First Step to Good Health, A Breastfeeding Education Package for Grades K-12. Offer to teach lessons from this packet. (R87)
- Refer to the recommendations to educate children about breastfeeding as a means to prevent obesity in the DSHS Strategic Plan for the Prevention of Obesity in Texas. (R98)
- Give teachers the DSHS Kid Stuff Web address that includes children’s videos, games, activity books, materials, and list of reading books where breastfeeding is portrayed as normal or how mammals feed their babies, such as:
  - o “Mammal Baby Bingo” game,
  - o “Ways I Can Help Mommy” coloring sheets,
  - o “We Like to Nurse” book, and
  - o “I Love the Earth” activity book. (R87)
- Give presentations to school administrators on the effectiveness of breastfeeding among teen mothers in reducing school drop out rates and neglect or abandonment of the teen mom’s baby. Help them develop a school breastfeeding policy. Work with the Texas Education Agency to distribute a sample policy for all school districts, which each district may adapt.
- Network with state programs that offer support for pregnant teens and teen parents. The Community-in-Schools (CIS), Life Skills Program, and the Alpha program are a few. Contact the Texas Education Agency and encourage them to provide a general breastfeeding support policy that school districts can adapt to address their needs.
- Help teachers start a breastfeeding support group for teen moms, an on-site child-care facility for babies of teen moms, and advocate for providing assistance to teachers who want to continue breastfeeding after returning to work.
- Encourage school districts to become Mother-Friendly Worksites. Many teachers shorten the time they breastfeed because no accommodations are made for them when they return to their teaching job. (R93)
- Contact local high schools and find out when their Career Day takes place. Register to have a booth about becoming an IBCLC.

## Colleges, Medical, and Nursing Schools

- Check to see if colleges are including breast anatomy and physiology and management of breastfeeding in curriculum for nutrition, hospital administration, nursing, and pre-med students.
- Contact local schools of nursing and medical residency programs to offer to speak to their students about breastfeeding.
- Offer to talk to maternity nursing classes about the importance of breastfeeding and the role of IBCLCs with new moms in hospitals and birthing centers, including follow-up care.

Colleges and universities must be held accountable if they omit breastfeeding as part of the curriculum. The physiology of the breast, the process of lactation, and the management of common breastfeeding problems are logical and important inclusions for medical and nutrition courses. How can we expect our medical community to responsibly counsel breastfeeding mothers if we do not insist that medical and nursing schools include breastfeeding management and physiology in their curriculum?

## Faith-Based and Civic Organizations

- Coordinate health fairs with faith-based organizations to make targeted families aware of the health benefits of breastfeeding. Invite pro-breastfeeding physicians, lactation consultants and breastfeeding educators to answer questions or have a panel discussion. Invite musicians, artisans, and businesses to participate. You may want to coordinate breast cancer awareness with your health fair and provide free mammograms as well as information on how breastfeeding helps prevent breast cancer.
- Encourage faith-based organizations to be supportive of breastfeeding mothers and share the DSHS Strategic Plan for the Prevention of Obesity in Texas with them. It includes specific action items for faith-based organizations to promote and support breastfeeding. (R98)
- Target specific cultural groups in your community and offer education to families in a variety of environments.

- Form a task force to train trainers for migrant communities, dad support groups, teen support groups, or support groups for breastfeeding mothers of special needs infants. Peer counselor train-the-trainer courses and free training materials are available through the Texas Department of State Health Services. Utilize religious or civic organization facilities for your training. Involve members in that group to help sponsor the training, such as providing transportation, refreshments or translation. (R90)
- Speak to Girl Scout Neighborhood leaders about educating girls about maternal and child nutrition. Suggest they have a lactation consultant speak to high school age girls about their career or have a lactation consultant booth at a “Career Day.” Give them suggestions of how girls can earn badges, silver awards and perform public service to new mothers by promoting breastfeeding in their community. Develop an ongoing network with scouting troops to speak to each age group about age-appropriate infant nutrition topics. (R87)
- Talk to local art museums about exhibiting art that portrays breastfeeding during the month of August (World Breastfeeding Month) each year. You will need to plan at least a year ahead to do this. Advertise the exhibit in conjunction with World Breastfeeding Month. In addition to exhibiting existing traditional art, invite area artists to contribute pieces for the exhibit. Auction their work.
- Talk with local librarians. Establish a tradition of displaying breastfeeding books for parents each August during World Breastfeeding Month. Give them a list of breastfeeding books, videos, and DVD’s they can purchase or your coalition can donate for library patrons to borrow. (R85-91)
- Ask local grocery stores if you can print breastfeeding information on their brown paper bags during the month of August.
- Volunteer to present breastfeeding education at attachment parenting classes and for other parenting groups.

## General Community

### Be a Breastfeeding Representative for Your Community

Formula companies have representatives who promote artificial infant food in many ways to successfully market their product. You have many resources to draw from to be as strong or an even stronger advocate for human milk as any formula representative who promotes artificial milk. Besides being a vital part of a breastfeeding coalition, there are many ways that you as an individual who supports breastfeeding can influence the community and set a strong example for others to follow. Here are just a few things you can do.

- Deliver “product samples” in the form of free DSHS breastfeeding materials and information to influential community members and organization previously highlighted in this section. (R85)
- Advertise your product. Work with local media on a regular basis to feature breastfeeding in the news.
- Post a list of local breastfeeding resources on your Web site. Include a list of breastfeeding-friendly physicians.
- Give certificates, gifts of appreciation, or media attention to those in your community who support breastfeeding — teachers, nurses, doctors, businessmen, peer counselors, etc.
- Start or influence other people to start La Leche League or African American Breastfeeding Alliance chapters in your area. (R91)
- Stay aware of current legislation regarding breastfeeding issues and let your representatives know you are supportive of legislation that protects the rights of mothers and babies, provides health benefits for breastfeeding families, and ensures certification of breastfeeding counselors. When community leaders run for office, write letters expressing your interest in breastfeeding support and let them know your expectations for their term in office. (R97)
- Participate in the Ban the Bag Campaign to help get formula marketing out of your local hospitals. (R95)

- Make celebrating World Breastfeeding Day/Month a tradition in your community. Have a committee that works each year to promote breastfeeding awareness each August. Contact the World Alliance of Breastfeeding Advocacy or the Texas WIC Program to coordinate events around each year's theme. Get schools, businesses, the medical community, civic and religious organizations, and the media to be involved. (R99)
- Write thank you notes, invitations, and other breastfeeding correspondence on breastfeeding stationery. Design your stationery by printing art on note cards. These also make great gifts for staff and door prizes at seminars and conferences.
- Purchase a display board and participate in health fairs displaying information about your coalition. Have DSHS breastfeeding materials to give away to attendees. Include information about the Mother's Milk Bank at Austin and Fort Worth and encourage and educate moms who wish to donate milk. (R85 & 89)
- Host a fashion show for expectant and breastfeeding women, featuring maternity wear, clothing that facilitates breastfeeding, and slings. Ask local merchants to sponsor the event. Work with the media to promote both the businesses represented and breastfeeding. Schedule the event around Mother's Day or World Breastfeeding Day.
- Encourage children's book stores to include books and materials that show positive portrayals of infant feeding, how mammals feed their babies, and the natural, ecological, and healthy outcomes of providing species-specific milk to newborns. Bring them a book list with ordering information. (R86)
- Coordinate support groups where needed — for new moms, dads, grandparents and even siblings.
- Be an advocate for mothers who are discriminated against for breastfeeding in public. If a breastfeeding mother is asked to leave a public place where she and her baby have a right to be, coordinate a breastfeeding nurse-in at the place of discrimination. Invite the media to cover the event. Educate the establishment and inform them of legislation that protects nursing mothers. (see Enact and Influence Legislation section)

Just as it is important that health professionals keep current about the research and evidence-based breastfeeding management protocols, so is it important that the general public be kept aware of the impact breastfeeding has on the health of mothers and babies, the environment and the economy.

Public awareness of the benefits of breastfeeding increases acceptance of breastfeeding as the natural, optimal way to feed babies, and helps families make an intelligent decision on how their baby will be fed.



- If there is a prison in your community, coordinate a program that will educate pregnant inmates about the benefits of breastfeeding. Network with prison administrators, medical staff, and local breastfeeding consultants to provide breastfeeding support for women whose babies are born while the mothers are incarcerated and for incarcerated fathers of infants. If there is no program in place, work with administrators to develop such a program. This could make a tremendous difference not only to the health of the mother and child, but possibly reduce recidivism and to increase the likelihood that the father will stay active in the child's life.
- Protect, promote, and support breastfeeding as a way of life. Incorporate into your mindset an ever-present awareness of the way breastfeeding can be encouraged in every facet of society.
  - If you hear a random comment about breastfeeding, whether negative or positive, be prepared to respond with accurate and evidence-based information as well as a positive attitude.
  - When you see a mom breastfeeding, smile and acknowledge her contribution to society. You could even say something such as “Good job!” or “What a great mom you are!”
  - Use notes and stationery, stickers, pens and pencils, t-shirts and tote bags, jewelry, mugs, water bottles, and accessories that promote breastfeeding whenever possible.
  - Show your support by taking part in as many pro-breastfeeding events, meetings, and activities as you can. There is strength in numbers.
  - Be an active Breastfeeding Media Watcher by responding to positive or negative portrayals of breastfeeding you see in the media. (R96)
  - Do not purchase products that promote bottle-feeding, such as dolls with toy bottles, greeting cards, wrapping paper, infant clothing, blankets, children's books, balloons, centerpieces, food products and other products that portray bottle-feeding. Make manufacturers aware of your boycotting such items. Write and tell them why you are not purchasing their product and ask them to omit such graphics and products that portray bottle-feeding instead of breastfeeding.



## Why Do We Need Breastfeeding Legislation?

*Many people complain that breastfeeding legislation is not necessary, or that it is a shame that it's necessary to enact legislation concerning such a basic act of nurture. However, this is looking at the cup half empty rather than half full. Any legislation that deals with breastfeeding is a positive step, and a statement that recognizes the importance of breastfeeding. Breastfeeding legislation accomplishes what it intends to — to increase the incidence and duration of breastfeeding, by helping to change the public opinion about breastfeeding and we can use breastfeeding legislation to help accomplish more, by knowing what laws exist, why they exist, and by spreading this knowledge. It is very important that our society learns that breastfeeding is not just a lifestyle choice, but a significant health choice for mother and baby. Educating people about this can do much to promote breastfeeding, and to help legislation succeed.*

- By Elizabeth N. Baldwin, JD

Too often our society associates the female breast with sexual pleasure instead of a natural source of infant nutrition. Until we educate our society of the need for breastfeeding as a crucial health preventative, legislation can provide for the protection of the breastfeeding mother and child.

Legislation can help prevent negative interventions that interfere with breastfeeding or cause early weaning. A meaningful message is sent to breastfeeding mothers when we have laws in place that clarify issues such as the:

- rights of mothers to breastfeed in public,
- rights of mothers to breastfeed and work or go to school, and the
- prevention of interruption of breastfeeding, such as exemption from jury duty and separation of breastfeeding mother and child due to divorce or separation.

Because breastmilk is a natural immunization for babies and prevents many health problems that may result in high medical bills, one idea may be to promote and support this practice through legislating sales tax relief on breastfeeding support products as well as reduced insurance rates for mothers and babies who breastfeed. Because physicians and nurses have a tremendous impact on the initiation and duration rates of breastfeeding, legislation to include lactation education in medical schools is another idea.

Legislation to ensure lactation professionals have a sufficient level of skill and knowledge to facilitate breastfeeding by meeting eligibility, examination, and continuing education requirements of the International Board of Lactation Consultant Examiners (IBLCE) would not only improve the quality of care given by lactation consultants, but would improve the chance that breastfeeding consultations are reimbursed by health insurance companies.

## Federal And State Law Already In Place

### Federal

**Right to Breastfeed**, (H.R. 1848) ensures a woman's right to breastfeed her child anywhere on federal property where she and her child are authorized to be. Enacted in 1999 as part of the Treasury-Postal Appropriations bill (H.R.2490) [P.L.106-58].

### Texas

**Right to Breastfeed & Business Designation as "Mother-Friendly"**, Chapter 165, Texas Health and Safety Code, enacted in 1995

- A mother is entitled to breastfeed her baby in any location in which the mother is authorized to be.
- Defines provisions for employers to become certified as a "Mother-Friendly Worksite" to accommodate their breastfeeding employees. It addresses the following:
  - o Work schedule flexibility
  - o Privacy to express milk
  - o Access nearby to a clean, safe water source and sink
  - o Access to hygienic storage alternatives
  - o The business shall submit its breastfeeding policy to the DSHS.
- Requires the DSHS to administer the Mother-Friendly Worksite program and to establish a demonstration project in Travis County.

**Minimum Guidelines for Human Donor Milk Banks**, Chapter 161, Texas Health and Safety Code, enacted in 2001

- Requires the DSHS to establish minimum guidelines for the procurement, processing, distribution, or use of human milk by donor milk banks.

**Texas Insurance Code**, Chapter 1366, Texas Health and Safety Code, enacted in 2003

- Provides that the health insurer of a maternity patient discharged before the statutory minimum stay must be provided post delivery services including assistance and training in breastfeeding.

### Other states

As of 2006, all but four states in the United States have some breastfeeding legislation, ranging from protecting the rights of women to breastfeed in public, exempting breastfeeding mothers from jury duty, protecting breastfeeding mothers who return to work, consideration of breastfeeding when making custody and visitation decisions, consideration of exemption for nursing in cars regarding seatbelt laws, and exemption from sales tax laws for breastfeeding accessories. Shaded states in the following table do not have breastfeeding legislation.

### State Breastfeeding Legislation

Alabama	Hawaii	Massachusetts	New Jersey	South Dakota
Alaska	Idaho	Michigan	New York	Tennessee
Arizona	Illinois	Minnesota	North Carolina	Texas
Arkansas	Indiana	Mississippi	North Dakota	Utah
California	Iowa	Missouri	Ohio	Vermont
Colorado	Kansas	Montana	Oklahoma	Virginia
Connecticut	Kentucky	Nebraska	Oregon	Washington
Delaware	Louisiana	Nevada	Pennsylvania	West Virginia
Florida	Maine	New Hampshire	Rhode Island	Wisconsin
Georgia	Maryland	New Mexico	South Carolina	Wyoming

To see a complete summary of breastfeeding legislation in the United States and proposed legislation, see <http://www.lalecheleague.org/Law/LawUS.html?m=0,1,0>

## Getting the Legislative Process Started

### Two years prior

- Start the legislative process by discussing what type of legislation your coalition members would like to support. Contact and network with other state coalitions so that statewide efforts are focused on one or two bills per session.
- Identify your “breastfeeding hero.” Find a legislator who is passionate about breastfeeding - someone you know would be willing to ask for a hearing.
- Target difficult legislation for non-election years. Typically, more legislation gets passed in non-election years than election years.
- See if you can attach your legislation to reauthorizations or appropriations bills. These are already moving bills and it’s much easier to get new legislation passed this way.

### One year prior

- Develop your **key messages**. This is one of the most important steps to seeing legislation succeed. Allow plenty of time for key message development. (See Creating Your Key Messages.)

### Just before the session

- Develop a **white paper**. Your white paper should be designed to argue your specific position to help representatives justify the legislation. It should name the bill you are promoting, include your **key messages**, your group’s name and contact information. It should fit on one side of a standard size paper (8.5x11).

### Early in the session year

- Send your **white paper** to breastfeeding coalitions, WIC clinics, La Leche League Leaders, attachment parenting groups, and any other organizations willing to help support the legislation. Inform everyone to use the **white paper** as a referral source for talking points. It will help ensure the same **key messages** are delivered to media contacts throughout the State.

- Meet with the administration of whatever agency is being affected to provide clarification on the bill.
- Work your bill by visiting representative offices. (See Working the Bill.)
- Ask all coalition members and members of supporting organizations to E-mail, send a letter to, or call their representatives. If this is done later in the session when time is short, E-mail rather than using U.S postal mail. (The anthrax scare of the 1990's significantly slowed down postal mail.)

#### Later in the session year

- Attend the hearings on the bill and register and/or testify for the bill.
- Keep the issue before the public with speeches and media coverage, if possible.
- Once the bill has been heard by the House and Senate, there are usually two bills. Visit representative offices again to help combine the bills.
- Keep in mind,
  - o the committee staff, speaker, and majority leader are very influential people.
  - o at the end of legislative sessions, there is often a day where they try to pass a lot of non-threatening bills in one day.
- During election years, invite your “breastfeeding hero” to speak at or open events. If you can assure the media will be there, your representative will want to be there.

### Creating Your Key Messages

Your key messages should have the following characteristics:

- **Clarity** – Limit it to three or four main messages. Base your messages on universal values.
- **Connection** - with your real audience. Define your primary and secondary target audience and make sure the messages translate to those audiences.
- **Compelling** – Your key messages should be 15-20 second credible and persuasive sound bites. If you make them compelling, they’ll be more likely to be quoted and aired on radio and television.
- **Concise** – When creating key messages, less is more. Keep them brief and to the point.
- **Continual** – Key messages should be said over and over again. People usually need to hear a message between 7-12 times to remember it. To motivate them, it often takes more than 12 times.

To create your key messages:

1. **Brainstorm** with members of your coalition by documenting all message ideas utilizing the characteristic listed above.
2. **Weed** anything out that will:
  - be defensive,
  - too technical for the audience,
  - be viewed as too expensive,
  - create side issues that will cause people to get off track,
  - be viewed as negative, or
  - will “open a can of worms.”
3. **Anticipate** what kind of controversial questions might arise during meetings with legislators and the media and prepare answers. Every answer should end in one of your key messages. That way you can:
  - **anticipate** the question,
  - **answer** the question, and then
  - **transition** to your **key message(s)**.

When answering a controversial question, start with “I’m so glad you raised that question” or “Here’s what I can tell you about that.” Never use the words “but” or “however” - use “and” instead.

## Contacting Your Representatives

Contact your representative to endorse breastfeeding legislation, to set up an appointment with a legislator, to thank a legislator for supporting breastfeeding, or to complain about a violation of breastfeeding.

For names and addresses of your district’s representatives in the Texas Legislature, see <http://www.capitol.state.tx.us/fyi/fyi.htm>

For names and addresses of your representatives in Congress, see <http://www.congress.org/congressorg/home/>

## Effective E-mail and Letter Writing Techniques

- Sending an E-mail or writing a letter is more effective than making a phone call. Positions can be explained in greater detail. There is also a greater chance that the legislator will see it. Officials do read representative parts of their mail and often answer their own E-mail. They do not answer their own phones.



- Make sure to address the elected official and your correspondence correctly. Senators, both state and U.S., are addressed as Dear Senator Last Name. Representatives, both state and U.S., are addressed as Dear Representative Last Name. All members of Congress and the General Assembly, as well as the Governor and the President, may be addressed as The Honorable First Name Last Name, followed by their address.
- State who you are and where you live in the first paragraph so it is clear you are a constituent. Make sure that you state any credentials. For example, being a member of an organization or institution that would make you particularly credible on a particular issue. It means that you have first hand experience that the legislator may not have. At minimum, you have credentials because you live in that official's district and you have an opinion.
- When writing or sending an E-mail about a particular bill, try to include the bill number and the title.
- Tie the issue to the larger needs of the community. Make the long-term benefits to large groups of people known.
- Ask for a response E-mail or letter stating the legislator's position.
- Include your name, street address, E-mail address, and a phone number with area code.

## Working the Bill - Tips for Visiting Legislators

- **Make an appointment.** Before you visit an office, send a fax requesting a visit. Most offices require you to fax this letter first, and then you can follow up with a phone call to schedule a meeting. Don't just show up at the office.
- **Learn about the elected representative.** Know who you are dealing with by researching what issues are important to the elected official – what committees she or he is on, what her/his voting record is, etc. You can find this information on legislative web sites or by joining a legislative action center. Many organizations have a legislative action center that is free to join, such as <http://capwoz.com/awhonn/home/>.
- **Get bipartisan support.** Try to get a strong commitment from at least one representative from each major party. If the legislator does not seem excited about your bill, don't waste your time. Move on to the next legislator.

- **Dress professionally and be polite.** Projecting a professional and organized image lends credibility to you and importance to your issue.
- **Arrive early.** Be not only prompt — be early. Most legislative office schedules are jam-packed.
- **Meeting with a staff member is fine - or sometimes better.** Upon arrival, tell the receptionist who you are and whom you want to see. If the legislator is unavailable, ask to meet with their aide or staff. Staff members are responsible for researching issues and providing advice to the representative. They have the ear of the representative. If you do meet with the legislator, make another appointment to meet with their staff.
- **Be patient.** It is not uncommon for your legislators and aides to be late because of hearings, committee meetings, and voting sessions.
- **Be prepared.** You must prepare what you will say in your short visit. Prior to the meeting, brainstorm on what questions you might be asked and be prepared to answer them.
- **Arm yourself with information.** Legislators appreciate data, so bring statistics, facts, and references about your issue. Specific state data is best.
- **Understand that constituents carry weight.** Elected officials are most interested in hearing from people actually in their district. Their constituents keep them in office, so they care about what you have to say. Each person should introduce themselves by name, where they live, and what they do.
- **Work quickly.** The meeting is likely to be only 15 minutes in duration. Take a few minutes to introduce yourself and explain your credentials and affiliations. Then move on to stating why you are there and illustrate your issue with a few quick points. **Stick to your key messages.** Ask for what you want the representative to do and then offer to answer questions. When answering questions, always end the answer by repeating one of your **key messages**.
- **Don't just tell. Paint a picture.** When possible, have someone with you to share a personal story of how the issue affects individuals in your community or society in general.
- **Remember that you are not expected to be an expert.** If you don't know the answer to a question, write it down and get back to him or her.
- **Always end with an "ASK."** Always ask for what you want before leaving - authorizing legislation, support for a bill, funding, etc.

- **Leave information behind.** Try not to overwhelm the staff but leave your **key message** document with plenty of references. Hand the packet to them as you are saying goodbye. Leave your contact information in case they need further information on the topic. You are building relationships and this is very important.
- **Thank them.** Close by thanking the legislator and/or the staff for their time and attention.
- **Remember to follow up.** Send a letter thanking the staff for their time, summarizing your issue and the action needed. Offer your help for the future or for additional information.

For additional tips on how to enact breastfeeding legislation, see <http://www.lalecheleague.org/LawMain.html>.

State and WIC employees are allowed to be an active member of a coalition but are not allowed to lobby, or to attempt to influence the passage or defeat of a legislative measure. State and WIC employees are allowed to:

- use State and WIC resources to provide public information or provide information responsive to a legislative request.
- be a neutral resource witness for legislative committee hearings.
- lobby on their own time with their own resources representing themselves as individuals, not State or WIC employees.

*Government Code Chapter 556.0055.*

## Samples

At the end of this section you will find samples from the Central Texas Healthy Mothers, Healthy Babies Breastfeeding Coalition of:

- A legislative white paper with key messages.
- A FAQ sheet developed to give legislators and their staff easy access to data that plainly demonstrated the superiority of breastfeeding, especially for health and financial reasons.
- The *Healthy Mothers, Healthy Babies Advocate* newsletter designed to share with media and supporters of the legislation.
- Sample letter to representatives.

**CENTRAL TEXAS HEALTHY MOTHERS  
HEALTHY BABIES COALITION**

## **Senate Bill 113 and House Bill 302**

### **Key Points:**

1. Giving any food other than human milk in the first 3–4 months of life **undermines public health.**
2. **Good public health policy** *always* meets initial resistance (e.g., smoke-free environments, vending machines, seatbelts).
3. Giving any food other than human milk in the first 3–4 months of life **increases health-care costs to taxpayers.**
4. Health Care Providers' giving **unnecessary** supplements to mothers of newborns **sends a mixed message** that undermines the AAP recommendation for exclusive breastfeeding.

### **LEGISLATIVE COMMITTEE**

**CHAIR: MARIANNE BAKER BOLDOC, JD** (512) 478-8355 [MARIANNEBOLDOC@AOL.COM](mailto:MARIANNEBOLDOC@AOL.COM)

**BARBARA WILSON-CLAY, BS, IBCLC** **JANET ROURKE, MSHP, LD, CLE** **JULIE D. STAGG, MSN, RN**

## Sample Legislative FAQ Handout

### **Leaner, Brighter, Healthier Little Texans: Rationale for A Call to Legislative Action to Increase Policy Support for Breastfeeding**

#### **Breastfeeding Reduces Obesity:**

Breastfeeding reduces the risk of childhood obesity. Breastfed children have a 30% reduction in the risk of becoming obese in childhood compared with formula fed infants. Obesity is linked with increases in the development of diabetes, hypertension and other cardiovascular diseases - expensive and debilitating conditions to treat.

*Lancet* 2002; 359:2003-2004

*Pediatrics* 2002; 110:597-608

#### **Breastfeeding Linked to Higher IQ:**

Numerous studies link breast milk and breastfeeding with improved cognitive function and neurodevelopment in infants. Texas needs a population of bright school children as the basis of a secure future workforce.

*Lancet* 1992; 339:261-262

*Developmental Medicine and Child Neurology* 1998; 40:163-167

*Acta Paediatrica* 2002; 91(3): 267-274

#### **Breastfeeding Reduces Health Care Costs by Improving Child Health:**

According to a USDA cost analysis, a minimum of **\$3.6 billion** would be saved if breastfeeding rates were increased from present levels to those recommended by the Surgeon General. This figure probably underestimates the true savings, as the study only looks at 3 of the childhood illnesses that breastfeeding protects against: otitis media (ear infection), gastroenteritis (diarrhea) and necrotizing enterocolitis (a bowel infection of premature infants). Currently, Texans spend huge amounts of personal, insurance, and tax dollars treating medical problems that could be prevented if breastfeeding rates increase.

*The Economic Benefits of Breastfeeding: A Review and Analysis*, USDA, Food Assistance and Nutrition Research, Report No. 13, March 2001

#### **Breastfeeding Lowers the Risk of Breast Cancer:**

Women who were breastfed as children and women who breastfeed their own children are at reduced statistical risk of development of breast cancer. Many Texans have been impacted by the loss of a loved one from breast cancer.

*Epidemiology* 1994; 5:324-331

*American Journal of Epidemiology* 2000; 152(12):1129-1135

*Lancet* 2002; 360(9328):187-95

BREASTFED BABIES ARE HEALTHIER

Free formula reduces breastfeeding

— Judy Hopkinson



healthy mothers, healthy babies®

*Exclusive Breastfeeding: The Easy, Sensible, Cost-Effective, Healthy Way to Care for Little Texans*

The verdict is unanimous! The best choice for babies and mothers is exclusive breastfeeding for 6 months.

Mothers know that “breast is best” and many struggle to breastfeed exclusively. But a curious

thing happens at the hospital. The same health professionals who talk about the benefits of breastfeeding give new moms free formula. This little “gift” sends a mixed message. It also undermines mothers’ determination to breastfeed.

Exclusive breastfeeding is not easy. Mothers need clear messages and solid support from the community to make it happen.

Research has shown that mothers who receive free formula from the hospital are less likely to succeed in their effort to breastfeed exclu-

sively. Instead, they give their babies formula before supplements are recommended. This unnecessary early supplementation undermines public health and increases health-care costs.

According to the U.S. Preventive Services Task Force: **“Commercial discharge packs provided by hospitals that include samples of infant formula and/or bottles and nipples are associated with reducing the rates of exclusive breastfeeding.”**

U.S.P.S.T.F., *Ann Fam Med* 1, no. 2 (2003): 79-80.

**Breastfeeding Matters for Mothers Too!**

- **Increased bone density for teenage mothers who breastfeed.**

Chantry, Auinger, and Byrd, “Lactation among Adolescent Mothers and Subsequent Bone Mineral Density,” *Arch Pediatr Adolesc Med* 158 (2004): 650-56.

- **50% reduction in breast-cancer risk for mothers with BRCA1 marker.**

Jernström et al., “Breast-feeding and the Risk of Breast Cancer in BRCA1 and BRCA2 Mutation Carriers,” *J Natl Cancer Inst* 96, no. 14 (2004): 1094-8.

- **50% reduction in risk for maternal rheumatoid arthritis.**

Karlson et al., “Do Breast-Feeding and Other Reproductive Factors Influence Future Risk of Rheumatoid Arthritis?” *Arthritis Rheum* 50, no. 11 (Nov 2004): 3458-67.

Obesity linked to early formula use

When all the scientific evidence is pooled, **infants who are not breastfed are 28% more likely to become seriously obese children.\***



**Blanket distribution of free formula undermines Texas’ effort to fight obesity.**

(continued on page 2)

HMHB Advocate  
Editor

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## Obesity linked to early formula use

(continued)

The few studies that do not show a difference in severe obesity between breastfed children and those who receive early formula are outweighed by the many studies that do.

Scientists do not know how breastfeeding affects body fat later in life.

There are many theories. But so far, no substance has been identified that reduces the elevated risk of obesity for children who receive formula too early.

Because of the strong association between breast-feeding and healthy weight

in later life, **The Centers for Disease Control and Prevention has made breast-feeding promotion and support one of the “five pillars” in the fight against childhood obesity.**

\*Arenz et al., “Breast-feeding and Childhood Obesity: A Systematic Review,” *Int J Obes* 28 (2004): 1247–56.

## Asthma and formula: Exclusive BF matters

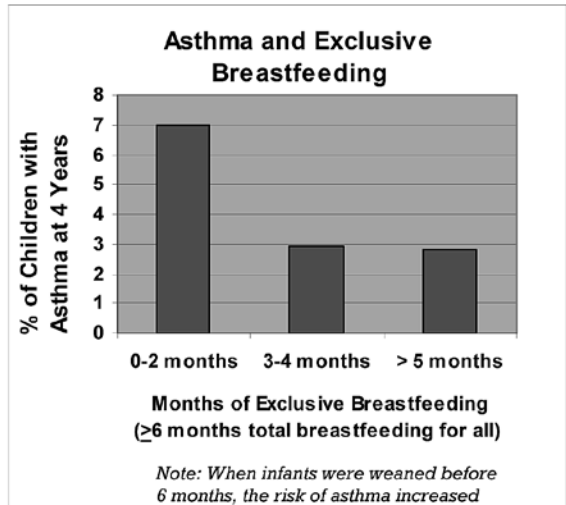
**Early formula use increases the risk of asthma.**

New research has confirmed what has long been suspected in the scientific community:

Infants who are not *exclusively* breastfed in the first few months of life are more likely to develop asthma later on.

In a large, carefully designed study, **children who received formula in the first two months of life were 2–3 times as likely to have asthma by 4 years of age** compared to children who were exclusively breastfed.

Kull et al., “Breast-feeding Reduces the Risk of Asthma during the First 4 Years of Life,” *J Allergy Clin Immunol* 114 (2004): 755–60.



## New analysis clears up confusion on BF impact



**Mothers are not the only ones confused by mixed messages!**

Children who were breastfed were 28% less likely to develop acute lymphoblastic leukemia than children who were not breastfed.

How do we know? Using a new analytical technique called “meta-analysis,” scientists can combine the results of many studies into a single powerful analysis.

Dr. Marilyn L. Kwan used this strategy to figure out whether or not breastfeeding is related to childhood leukemia.

Kwan et al., “Breastfeeding and the Risk of Childhood Leukemia,” *Pub Health Rep* 119, no. 6 (Nov–Dec 2004): 521–35.

**Meta-analysis: Providing hope for clarity in a confusing scientific landscape!**

## Sample Letter to Representatives

The Honorable (name of Representative)  
Texas House of Representatives  
P.O. Box 2910  
Austin, TX 78768-2910

RE: HB 302

Dear Representative \_\_\_\_\_:

\_\_\_\_\_ supports HB 302 prohibiting health care providers from distributing formula advertising and free formula to new mothers. We further support an amendment to the bill specifically excepting cases in which formula or other supplements are medically indicated.

Exclusive breastfeeding for at least three to four months is critical for the short and long term health of children. Lower rates of exclusive breastfeeding in early infancy have been clearly shown to result in increased childhood morbidity and increased health care costs. Moreover, six months of exclusive breastfeeding is recommended by the American Academy of Pediatrics. Ironically, it is low income, minority children who are most likely to be deprived of the benefits of early, exclusive breastfeeding.

When health care providers participate in indiscriminant distribution of formula and formula advertising to new mothers, they undermine early exclusive breastfeeding and thereby undermine child health. As a result, health care costs for taxpayers rise. The state of Texas owes it to the people of Texas to set policies that protect the public welfare and make sound economic sense. This legislation is an important step in the right direction.

Thank you for your support of this bill.

Sincerely yours,

Your name  
Your office or role  
Your Organization

(print on letterhead if possible)



## Utilize the Media

### **Why Use The Media?**

Networking with the media is essential in promoting your coalition efforts. People are greatly influenced by what they read, see, and hear in the media. Film, music, television, magazines, newspapers, books, children's literature, and the Internet influence our perception of the world.

Your coalition efforts are important and will revitalize the health and spirit of your community. They deserve notice. Do not be modest about your accomplishments. Include them in local newspapers, television, and radio spots, as well as your Web site. Share them with other coalitions. Help each other out by including in your press releases what other breastfeeding coalitions are doing around the state as well, and invite interested breastfeeding advocates to join.

Although advertisements for artificial infant food are everywhere, they never mention the hazards associated with it. Millions of dollars are spent each year to promote its use. To offset this omniscient influence, breastfeeding advocates must utilize the media, too, and recognize it as a powerful tool to promote breastfeeding and educate the general public about its benefits.

There are several ways you can work with the media to:

- ensure accurate information is presented,
- keep breastfeeding events and research updates in the public eye, and
- establish a perception of breastfeeding as the “norm” or “preferred” way to feed babies.

### **Designate a Media Committee and Primary Media Liason**

- Designate a few members of your coalition to focus their energy on getting your coalition efforts and events or breastfeeding news publicized on a regular basis.

- If you don't already have a media representative as a member of your coalition, designate one person to cultivate a relationship and be the primary liason between your coalition and spokespersons in local radio, television, and newspapers. Ideally, he or she should be a professional media person and know someone on the local newspaper, radio and television staff to make sure they are always informed of any breastfeeding promotion events or newsworthy items.
- Stay informed about current breastfeeding research and initiatives so you can provide timely and valid information.

## Media Basics

### Newspapers

- Print venues usually offer more in-depth information on an issue and the article often leads to other news. Remember, policy makers read the newspaper.
- Letters to the editor and the calendar of events are free and well-read sections of the paper.
- Weekly newspapers in smaller communities are far more likely to be read because the readers know many of the community members and business owners personally.
- Newspapers are far more likely to run an article if you buy a small advertisement.
- Newspaper photographers need to meet a quota so be sure to notify them when you are having an event.
- Newspapers offer free public service space.

### Radio and Television

- Radio is especially useful in targeting specific population groups.
- Most television news stations have health segments.
- Municipal cable television stations are frequently looking for news items, stories, and public service announcements.

### Outdoor Advertisements

- It's a great venue for targeting a population according to zip codes.
- Outdoor advertising reaches a large number of people and provides ongoing promotion in high-traffic areas.
- Advertisements may linger after paid or free time has expired.
- It's not effective alone.
- It allows only limited time to see the message.

## Media Tips

### All Media Venues

- Invite media to attend all local breastfeeding events.
- Utilize local celebrities or community leaders who breastfed or are currently breastfeeding to be a spokesperson for a breastfeeding campaign, fundraiser, health fair, or news item.
- Summarize data regarding breastfeeding updates, legislation, local, national, and international events into press releases with references to make the job easier for media contacts.
- Provide local newspaper and municipal cable channels with time and dates of local La Leche League, breastfeeding coalition, and breastfeeding support group meetings as well as upcoming conferences and professional trainings for healthcare professionals and educators.
- Advertise upcoming breastfeeding programs on local radio and television stations and in newspapers, newsletters, and store windows where maternity and infant supplies are sold. Contact your friends to make sure they tune in! Ratings have a great influence on future shows of this nature.
- When you contact the media, ask first “are you on deadline?” If they are, identify yourself and offer to call back in two days. If they are not, explain the reason for the contact and leave your name and cell phone number. If the media contacts you about an event or story, get back to that person right away. If you contact them the next day, it’s probably already too late. Responding to a media inquiry right away ranks you as a reliable source and will increase the likelihood of future coverage.
- Meet deadlines and ask about formatting. Ask when they want it and how they want it.

### Newspapers and Other Print Venues

- Write a letter to the editor and submit it to your local papers with your organization/group name and signature of the leader. (R96)
- Contact local newspaper editors about including a breastfeeding column on a regular basis. Offer to write the columns for them. (R96)

- Give local newspaper editors a World Breastfeeding Month press release or Governor’s Proclamation each year. Include a fact sheet, background information, references, and anything else that will make it easy for that reporter to write an article. Send a few pictures of breastfeeding moms and babies or past World Breastfeeding Month events with a photo release form. This will help ensure the article gets published. (R96)
- Submit as an editorial/opinion piece, “Human Milk: The Gold Standard for Babies” to your local papers under the by-line of your agency head or program director.
- Contact editors of local newsletters and magazines for businesses, banks, libraries, religious organizations, schools, childcare centers, chambers of commerce, and hospitals. Provide them with breastfeeding updates, local events, and contact information that they may include in their newsletters periodically. Keep articles short and ask ahead of time how much space or lines you are permitted to use.
- Send an article on the “Top Ten Reasons for Families to Breastfeed Their Babies” to local churches and employers to print in their newsletters and post on bulletin boards. Send it to the newspaper as a letter to the editor.
- Billboard owners don’t like to have their billboard empty for long. Be knowledgeable about how to obtain free outdoor breastfeeding public service announcements. Call the number on the blank billboard to ask them if they’ll put up the PSA until they get a paid spot.
- Contact utility companies (electric, gas, cable) to see if they would include a public service announcement or flier about breastfeeding benefits, helpline numbers, and/or World Breastfeeding Month events with their monthly statements.
- Write an article on quieting a baby while traveling and submit it to an airline magazine. The article could include information about how breastfeeding quiets a baby and keeps a baby’s ear pressure equalized.
- Prepare a display at local libraries of any new books on breastfeeding that you would recommend. Write reviews of the book for your local newspaper.
- Other print venues might include fast food tray liners, restaurant menus, table tents in cafeterias and restaurants, flyers and announcements in grocery and convenience store windows, bus and public transportation signs, and public restroom signs.

## Radio and Television

- Contact television and radio station managers about providing listeners with periodic breastfeeding updates (supplied by you) during their health segments.
- A good visual component will increase the likelihood of television coverage. Use breastfeeding moms and babies, posters, charts, etc.
- Ask local radio stations if they will make public service announcements about local events, World Breastfeeding Month, and updates of current breastfeeding research.
- Contact a local radio or television show host and ask them to include a panel discussion of breastfeeding on a future program. Suggest airing the show during World Breastfeeding Month, the opening of a birthing center or related health event, or as part of a public service announcement for a health fair. Provide the host with a list of panelists whom you have previously contacted and who have agreed to be on such a show. Provide the media host with helpful information, such as a brief explanation of World Breastfeeding Month and the current year's theme, breastfeeding policies of local birthing centers and hospitals, or the latest breastfeeding research. The host will determine if the show will be live or taped and whether call-in questions will be included. If asked by the media host to do so, provide a list of suggested questions for the panel. Notify your local newspaper of the date and time the show will be aired.

## **Do's and Don'ts for Good News Media Relations**

Relationships with the media can be either good or bad or sometimes just nonexistent. Treat the media representative as you would anyone with whom you do business.

### Do

- Get to know reporters, editors and news directors personally if you deal with them often. Talk informally with reporters before an interview.
- Be available and dressed professionally when they need you.
- Tell the truth. Just give the facts.

- Remember you are representing your organization, not yourself.
- Be credible and honest, positive and easy to contact, responsive and accommodating, authoritative and in control, likeable and professional.
- Make their job easier by being prepared with carefully thought out key messages, local angles to a national story or campaign, and well-written newspaper articles with references.
- Keep your remarks short and simple. It helps to pretend you're talking or writing to your grandmother who has no idea what you really do for a living.
- Take the initiative. Make your point in every answer and in a variety of ways. Turn answers to a reporter's questions back into your key messages and don't be afraid to repeat key messages multiple times.
- Always act as if the camera or microphone were on. Don't let a reporter fluster you.
- A reporter may try to "feed you words." Don't use them. Return to your key messages and repeat them as often as possible.
- If things are getting tense, uncross your legs and arms, lean forward, and stay engaged. Remember, you are talking about a biologically normal process.
- Honor the reporter's deadlines. (Ask. Otherwise, assume it's now.) When submitting information to the media, know deadlines and meet or beat them. Nothing is surer of rejection than a late news item.
- Say "I don't know" if you don't, rather than conjecture or speculate. Then get a phone number and tell the reporter you will call back with the information. Important: DO call back as soon as possible.
- Do business today as if you're going to do business tomorrow: don't burn bridges.
- Avoid the reporter bounce-around. Get the information requested or get the reporter directly to the person who knows the information.

- Create a key message to make it sound like it was said, not written. Use colorful words, analogies, absolutes and even clichés to simplify and make your point stand out.
- Stop talking when you have answered a question. Don't feel obliged to fill a void just to keep the interview going.
- Remember, the newsperson is a representative of the public. You are giving the public vital information.
- Thank the media for promoting your cause.

### Don't

- Don't lie to a reporter — EVER. If a mistake has been made, admit it and shift the focus to what you're doing to correct the problem or assure it never happens again.
- Don't ask to see a reporter's story before it's printed or broadcast.
- Don't say "I'm not allowed to talk to reporters."
- Don't ever say "I can't give you that information" without explaining why you can't give the information. The situation will usually involve legal issues, patient or customer confidentiality, or personnel issues.
- Don't require the reporter to invoke the Texas Public Information Act unless absolutely necessary.
- Don't become angry or provoked. Keep your cool.
- Don't beg, threaten, or put pressure on the media. Attempts to influence acceptance of publicity items through contacts with higher management or advertisers are resented. So are attempts to kill a news item.
- Don't exaggerate or color the news. It could cause the media to disbelieve or reject the entire story.
- Don't speculate, guess, or conjecture. Check your facts before talking.
- Don't use jargon, acronyms, or technical terms too often. If a sixth grader wouldn't understand it, don't say it.
- Don't call the editor or news director if you have a problem with a story that has run or aired. Speak with the reporter first.

And finally, two Nevers:

- Never speak “off the record” or provide background information that you would not like to see printed or broadcast. If you don’t want to see the information on the front page of the local newspaper or on the 10 o’clock news, don’t say it.
- Never say, "No comment." "No comment" is a comment. Consider the impression left by:

*Officials could not be reached for comment.*

*Officials refused to comment.*

*A representative said she was not allowed to comment.*

## **Be Active in the National Breastfeeding Media Watch Campaign**

The purpose of the National Breastfeeding Media Watch Campaign is to identify references to breastfeeding and formula-feeding in all media by sending letters of commendation when positive images and references are observed and letters offering suggestions and information when negative or inaccurate references are observed. The goal of Media Watch is to bring about more positive references to breastfeeding as the media play a major role in shaping societal views. When breastfeeding is depicted in the media as the natural, normal way to feed babies and small children, more young mothers will be comfortable in making the decision to breastfeed. Positive media coverage can also help to bring about employer and family support.

To learn more about the campaign, for sample postcards and letters, and for tips on contacting the media so you can send them a postcard or letter, visit <http://www.dshs.state.tx.us/wichd/lactate/media.shtm>

## **Samples**

At the end of this section you will find samples of:

- A press release
- A letter to the editor



## Sample Press Release

### **The Facts don't lie — we are seeing Leaner, Brighter, Healthier Little Texans:**

*\*Breastfeeding reduces obesity.*

*\*Breastfeeding has been linked to higher IQ's, and*

*\*Breastfeeding has been found to lower the risk of breast cancer---*

August is designated World Breastfeeding Month in the state of Texas. We gather to honor those who support breastfeeding families in Texas, and call the community to action to provide these benefits to more of our citizens.

State Lawmaker Glen Maxey will be honored for his efforts to support the Mother's Milk Bank at Austin as we mark World Breastfeeding Month. Also joining us for the August 26th ceremony thanking Maxey will be Texas Health Commissioner, Dr. Sanchez, and neonatologist, Dr. George Sharpe.

Following the awards ceremony, members of the Central Texas Healthy Mothers/Healthy Babies Coalition will visit other state lawmakers to discuss ways to get breastfeeding on the legislative agenda.

The impact of statistics, like the ones mentioned above affects everyone, not just moms and babies. The savings in health care costs benefit everyone when there are reductions in infant illness and long-term health problems like obesity and cancer.

When: Monday August 26th, 10:30am

Where: Steps of the State Capitol

Contact: Barbara Wilson-Clay, 292-7227

What: Ceremony honoring State Representative Glen Maxey

Nursing mothers will be available after the ceremony to answer any questions.

A Breastfeeding Facts sheet with citations from medical studies accompanies this press release.

## Sample Letter to the Editor

Dear Editor,

I was glad to see the article in Lifestyle addressing infant pain management. However, I was surprised that the research you reported on was so focused on and limited to the use of sugar-sweetened pacifiers. I've read the research literature carefully on this subject, and most of it emphasizes that sweetened pacifiers are the second best method of helping infants manage pain. The most successful method is breastfeeding. In fact, an elegantly designed study on this subject appeared in 2002 in the medical journal, Pediatrics. It is titled: Breastfeeding is Analgesic in Newborns.

In this study (by Gray) and another reported in The British Medical Journal in 2003, the activity of breastfeeding was demonstrated to block the experience of pain in infants enduring heel sticks and other painful procedures. I didn't actually need studies to tell me this. I always used to nurse our children during immunizations and they never even cried. Why emphasize sugar?

## Utilize the Evidence

The best way to convince others of the importance of protecting, promoting, and supporting breastfeeding is to utilize reputable position or policy statements, research studies, and other evidence of support from highly regarded organizations. Many health organizations have developed position or policy statements on the importance of breastfeeding promotion and support for the health of infants, children, and mothers. These documents are well-referenced with numerous reputable studies and can be utilized when performing outreach or offering services to certain members of the community.

### Health Organization Position Statements

- Texas Department of State Health Services (DSHS)  
Position Statement on Infant Feeding  
<http://www.dshs.state.tx.us/wichd/lactate/position.shtm>  
Strategic Plan for the Prevention of Obesity in Texas  
<http://www.dshs.state.tx.us/phn/obesity.shtm>
- American Academy of Pediatrics (AAP)  
Breastfeeding and the Use of Human Milk, Policy Statement  
<http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;115/2/496>
- American Academy of Family Physicians (AAFP)  
Breastfeeding Position Paper  
<http://www.aafp.org/x6633.xml>
- American College of Obstetricians and Gynecologists (ACOG)  
Guidelines on Breastfeeding  
<http://www.acog.org/departments/underserved/breastfeedingStatement.pdf>
- American College of Nurse-Midwives (ACNM)  
Position Statement on Breastfeeding  
<http://www.midwife.org/prof/position.cfm>
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)  
Breastfeeding Clinical Position Statement  
<http://www.awhonn.org/awhonn/?pg=873-6230-7000-4730-7240>

- **National Association of Pediatric Nurse Practitioners**  
Position Statement on Breastfeeding  
<http://www.napnap.org/index.cfm?page=54&sec=57>
- **American Dietetic Association (ADA)**  
Position Statement on Breastfeeding: Breaking the Barriers to Breastfeeding  
[http://www.eatright.org/cps/rde/xchg/SID-5303FFEA-B739B224/ada/hs.xsl/advocacy\\_1728\\_ENU\\_HTML.htm](http://www.eatright.org/cps/rde/xchg/SID-5303FFEA-B739B224/ada/hs.xsl/advocacy_1728_ENU_HTML.htm)
- **United States Department of Agriculture (USDA)**
  - o **Food and Nutrition Service (FNS)**  
Breastfeeding Promotion and Support in WIC  
<http://www.fns.usda.gov/wic/Breastfeeding/breastfeedingmainpage.HTM>
  - o **Breastfeeding Promotion Consortium**  
<http://www.fns.usda.gov/wic/Breastfeeding/BPC.HTM>
  - o **Economic Research Service (ERS)**  
The Economic Benefits of Breastfeeding: A Review and Analysis  
<http://www.ers.usda.gov/publications/fanrr13/>
- **U.S. Department of Health and Human Services (DHHS)**  
**Office on Women's Health**
  - o **Blueprint for Action on Breastfeeding**  
<http://www.4woman.gov/breastfeeding/index.htm>
  - o **Health Plans' Innovative Programs in Breastfeeding Promotion**  
<http://www.4woman.gov/owh/pub/breastfeeding/exec.htm>
- **U.S. Centers for Disease Control and Prevention**  
Breastfeeding Policy, Support, and Research  
<http://www.cdc.gov/breastfeeding/>
- **U.S. Breastfeeding Committee**  
The mission is to improve the Nation's health by working collaboratively to protect, promote and support breastfeeding.  
<http://www.usbreastfeeding.org/>
- **Healthy People 2010**  
A statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Includes objective to increase the proportion of women who breastfeed their babies to 75% in the early postpartum period, to 50% at six months, and 25% at one year.  
[www.health.gov/healthypeople](http://www.health.gov/healthypeople)

- **World Health Organization**  
Child and Adolescent Health and Development  
<http://www.who.int/child-adolescent-health/NUTRITION/infant.htm>
- **United Nations Children’s Fund (UNICEF)**  
Breastfeeding Initiatives Exchange  
<http://www.unicef.org/programme/breastfeeding/>

Utilize all or portions of these position statements to strengthen your message, answer questions, and provide media or professionals with accurate, updated information. This evidence-based support of the superiority of breastmilk and the health benefits that breastfeeding provides mother and child give credibility to the information you present when speaking to groups, seeking coalition volunteers, and writing media articles.

## **Stay Aware Of Current Breastfeeding Research**

Staying up-to-date on breaking research supports your own knowledge and understanding of breastfeeding and further substantiates your cause to protect, promote, and support breastfeeding. Here are some ways to stay aware of the latest lactation research.

- **PubMed**  
PubMed is a service of the National Library of Medicine and the National Institutes of Health. It includes over 16 million citations from MEDLINE and other life science journals for biomedical articles back to the 1950s. PubMed includes links to full text articles and other related resources.  
[www.pubmed.gov](http://www.pubmed.gov)
- **La Leche League International**
  - o **Center for Breastfeeding Information** – One of the world’s largest libraries of breastfeeding information.  
<http://www.lalecheleague.org/cbi/services.html>
  - o **Breastfeeding Abstracts** – A quarterly breastfeeding research review publication  
<http://www.lalecheleague.org/ba/ba.html>

- **The Academy of Breastfeeding Medicine**  
Publishes a quarterly newsletter that comprises organizational news, informational articles, and editorials about breastfeeding issues.  
<http://www.bfmed.org/newsletter.htm>
  
- **Medication and More Newsletter**  
Subscribe to a quarterly electronic newsletter by Hale Publishing. Newsletter includes information on new medications and general breastfeeding research.  
<http://www.ibreastfeeding.com/html/newsletter.html>
  
- **National Library of Medicine**  
Includes most current research articles from journals such as the Journal of Human Lactation and The Lancet and archives back to 1957.  
<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>
  
- **UNICEF UK Baby Friendly Initiative**  
Receive news and research updates by email.  
<http://www.babyfriendly.org.uk/news.asp>
  
- **The Cochrane Collaboration**  
An international non-profit and independent organization, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions. Search on breastfeeding to find interventions for promoting the initiation of breastfeeding and optimal duration of exclusive breastfeeding.  
<http://www.cochrane.org/docs/descrip.htm>
  
- **LACTNET list serve**  
A membership E-mail discussion group for lactation professionals. Provides a forum for lactation information and discussion. List serve participants include breastfeeding peer counselors to International Board Certified Lactation Consultants. To join: in subject line leave blank; in message type “join lactnet” and your name.  
<http://peach.ease.lsoft.com/scripts/wa.exe?SUBED1=lactnet&A=1>
  
- **International Pedschat**  
Chat room for pediatric issues moderated by Jack Newman MD and Kay Hoover IBCLC  
[www.pedschat.org](http://www.pedschat.org)

## Using The Evidence To Educate Others

- If addressing a group of health providers on a breastfeeding topic, include as a handout the position statement of their specialty field, such as the AAFP Statement on Breastfeeding when addressing family physicians.
- Attach a copy or a summary of the appropriate position statement when corresponding by mail to a professional health provider. This will give emphasis and credibility to your statements.
- Include a copy of the AAP policy statement, Breastfeeding and the Use of Human Milk, in the participant packets in the childcare trainer module, How to Support a Breastfeeding Mother: A Guide for the Childcare Center.
- Cite studies when informing clients, medical professionals, business owners, and the media of breastfeeding benefits and management protocols.
- Use as references in the articles you submit for publication.
- Share research abstracts with community health providers. For studies of significance to the public-at-large, submit press releases of the article to local health news media.





## Resources & Materials

The Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding is also available at <http://www.dshs.state.tx.us/wichd/bf/community.shtm>. Please utilize the on-line version for easy access of the Web sites listed below.

Internet addresses change fairly frequently. If you are unsuccessful in accessing a certain Web page, shorten the url to the first / then search on breastfeeding.

### **Educational Resources**

#### **Breastfeeding Brochures and Posters**

<http://www.dshs.state.tx.us/wichd/bf/bfpublic.shtm> - Large variety of beautiful breastfeeding brochures, posters, Breastfeeding Welcome Here decals, License to Breastfeed in Public cards, and more. Free

<http://www.lalecheleague.org/catalog.html> - Handouts, tear-off sheets by LLL.

<http://www.infactcanada.ca/InfactHomePage.htm> - Infant Feeding Action Coalition resource center; has breastfeeding educational and promotional material.

[http://www.nal.usda.gov/wicworks/Learning\\_Center/index.html](http://www.nal.usda.gov/wicworks/Learning_Center/index.html) - WIC Learning Center.

[www.ibreastfeeding.com](http://www.ibreastfeeding.com) - Large variety of books for professionals and parents.

#### **Breastfeeding Audiovisuals**

<http://www.dshs.state.tx.us/avlib/default.shtm> - DSHS Audiovisual Library.

Audiovisuals (AVs) may be borrowed for up to two weeks. Most breastfeeding AVs include a lesson. Breastfeeding AVs include To Baby With Love: Overcoming Breastfeeding Barriers and Breastfeeding: A Mother's Gift.

<http://www.dshs.state.tx.us/wichd/bf/bf1.shtm> - Texas WIC Breastfeeding audiovisuals available in English and Spanish including The Comfortable Latch: A Guide to Successful Breastfeeding and To Baby With Love: Overcoming Breastfeeding Barriers can be ordered for the cost of duplication and shipping. Free lessons that accompany the videos can be found at <http://www.dshs.state.tx.us/wichd/nut/bflessons-nut.shtm>.

[http://www.eaglevideo.com/breastfeeding\\_video.htm](http://www.eaglevideo.com/breastfeeding_video.htm) - Eagle Video breastfeeding audiovisuals include The Benefits of Breastfeeding and Breastfeeding and Returning to Work.

<http://www.injoyvideo.com/> - Injoy Videos offer titles such as 14 Steps to Better Breastfeeding and Simple Solutions: Problems, Pumping and Storing Breastmilk.

[http://www.vida-health.com/category\\_detail.php?selection=0013&uid=1079735698](http://www.vida-health.com/category_detail.php?selection=0013&uid=1079735698) - Vida Health Communications, Inc. breastfeeding audiovisuals.



<http://www.geddesproduction.com> - Numerous breastfeeding audiovisuals.

<http://www.noodlesoup.com> - Breastfeeding audiovisuals

Sahmed@jhuccp.org [Email or call Sadia Ahmed at (412) 659-2658 for videos produced jointly by Maryland WIC and Johns Hopkins]. About \$15 each plus S&H.

- Learning How to Breastfeed Your Baby — African American parents expect their first baby--how will they feed him?
- Giving You the Best That I've Got, Baby — Testimonials from nursing moms, including jazz artist, Anita Baker with music by Ms. Baker.

rgpowers6@cs.com - Email Rose Powers, Mississippi WIC. or call: 1-601-982-3350

- Breastfeeding: Another Way of Saying "I love You" — produced by Mississippi WIC. English only. 16 min. About \$15 plus S&H.

## Breastfeeding Teaching Aids

<http://www.childbirthgraphics.com/> - Teaching tools such as breastfeeding pamphlets, videos, stuffed breast, breastfeeding doll, and flip charts.

<http://www.1cascade.com/> - Teaching tools such as breastfeeding pamphlets, videos, stuffed breast, and breastfeeding doll, and flip charts.

[http://www.leron-line.com/Web\\_Sites.htm](http://www.leron-line.com/Web_Sites.htm) - Comprehensive breastfeeding Web site links for educators and advocates. Internet resources on lactation.

<http://www.noodlesoup.com> - Low-literacy educational materials on breastfeeding in English and Spanish; posters, t-shirts, magnets, stickers, buttons, audiovisuals and more.

<http://www.geddesproduction.com> - Teaching aids and books.

## Children's Picture Books

<http://store.llli.org/books/category/7> - Books that portray breastfeeding.

<http://www.dshs.state.tx.us/wichd/bf/kids.shtm> - Book list.

<http://www.drjaygordon.com/development/books/kidsbooks.asp> - Books that portray breastfeeding.

### Children's Web sites (on-line games, activities, and lesson plans)

<http://www.dshs.state.tx.us/wichd/bf/kids.shtm> - Kid stuff, downloadable books, puzzles, games, coloring sheets, on-line coloring and puzzle games. Free.

<http://www.dshs.state.tx.us/kids/lessonplans/default.shtm> - Let's Read! lesson with a book. Books must be purchased. Lessons are Free.

<http://www.waba.org.my/specialpages/children/clube2.htm> - World Alliance for Breastfeeding Action (WABA) children's games, paintings and dolls. Free.

### Curriculum for Ages 2-5/Curriculum for Grades K-12

<http://www.dshs.state.tx.us/wichd/nut/chlessons-nut.shtm> - Lessons for ages 2-5: Something Good for Babies activity lesson CH-000-14 and Mammal Baby Bingo CH-000-15 rhyming game with information on 60 mammals and their young. Free.

<http://www.dshs.state.tx.us/wichd/nut/chlessons-nut.shtm> - Lesson plan to go with the book, We Like to Nurse. Free.

[http://www.health.state.ny.us/nysdoh/b\\_feed/index.htm](http://www.health.state.ny.us/nysdoh/b_feed/index.htm) - New York Maternal and Child Health curriculum for teachers grades K-12. Free.

[http://www.dshs.state.tx.us/wichd/bf/WBM2001\\_todo.shtm](http://www.dshs.state.tx.us/wichd/bf/WBM2001_todo.shtm) - Girl Scout ideas on earning badge requirement. Free.

### Teen Curriculum and Resources

<http://www.dshs.state.tx.us/wichd/nut/bflessons-nut.shtm> - Lesson activities can be used in support groups and at health fairs such as Breastfeeding Rummy, That's the Ticket, The Breastfeeding Game and Breastfeeding Bingo. Free.

<http://www.dshs.state.tx.us/wichd/nut/teens.shtm> - Tips on counseling teens. Free.

<http://www.injoyvideos.com/IJMultiVolOneVer.cfm?id=172> - Teen Breastfeeding: The Natural Choice; 2-volume audiovisual set; Why Breastfeed? and Starting Out Right.

<http://www.lalecheleague.org/lleaderweb/LV/LVMarApr90p19.html> - LEAVEN article - Helping Adolescent Mothers Breastfeed. Free.

<http://www.kellymom.com/bf/start/prepare/teenbf.html> - Article on encouraging teen moms to breastfeed. Free.

### Curriculum for Adults

<http://www.dshs.state.tx.us/wichd/nut/bflessons-nut.shtm> - Lesson activities can be used in support groups and at health fairs. Downloadable teaching tools. Some require videos; others do not. Free.

## Cultural Competence Resources

<http://gucchd.georgetown.edu/nccc/> - National Center for Cultural Competence.

<http://www.omhrc.gov/clas/ds.htm> - Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.

<http://www.4woman.gov/minority/> - Minority Women's Health.

## Professional Resources

### Professional Reference Books

<http://store.illi.org/books/category/9> - Large assortment of professional books.

<http://neonatal.ttuhs.edu/lact/> - Reference books such as Medications and Mother's Milk, Clinical Therapy in Breastfeeding Patients, and A Medication Guide for Breastfeeding Moms.

<http://www.icea.org> - Large assortment of professional books.

### Resources for Physicians

<http://www.dshs.state.tx.us/wichd/bf/protocol.shtm> - The Physician's Pocket Guide to Breastfeeding, Physician Support Letter to Employer of Breastfeeding Mom in English and Spanish, ICD codes, Doctor's Make the Difference handout, and more. Free.

<http://www.bfmed.org/> - A professional organization created to improve physicians' breastfeeding knowledge and patient-education skills. Academy of Breastfeeding Medicine (ABM) seeks to educate primary-care physicians about optimal breastfeeding practices and common problems so they can teach mothers how to begin, and successfully continue, breastfeeding. They hope to establish practice standards across all its represented medical specialties, and will encourage expanded breastfeeding education in medical schools and residencies as well. Any physician licensed to practice medicine in their jurisdiction, nationally or internationally, may join the ABM. Their newsletter is available for \$30/yr. to non-members.

[www.pubmed.gov](http://www.pubmed.gov) - A service of the National Library of Medicine and the National Institutes of Health. includes over 16 million citations from MEDLINE and other life science journals for biomedical articles back to the 1950s. PubMed includes links to full text articles and other related resources.

<http://neonatal.ttuhs.edu/lact/> - Forums on medications and breastfeeding.

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b108/3/776> - AAP policy statement on The Transfer of Drugs and Other Chemicals into Human Milk.

<http://www.bfar.org/> - Breastfeeding After Breast Reduction (BFAR).  
[www.latrobe.edu.au/www/microbio/milk.html](http://www.latrobe.edu.au/www/microbio/milk.html) - Antibacterial and antiviral properties of human milk.  
<http://www.llli.org/resources/providers.html?m=0,2> - Information about La Leche League's Medical Associateship Program and educational offering including more than a dozen online Independent Study Modules on lactation that offer CMEs.  
<http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT> - LactMed is a peer-reviewed, fully referenced, searchable database of drugs and other chemicals to which breastfeeding mothers may be exposed.  
[www.bilitool.org](http://www.bilitool.org) - A web-based Bilirubin risk calculation tool designed to help clinicians assess the risks for development of hyperbilirubinemia in newborns.

### Baby-Friendly Hospital Program

<http://www.dshs.state.tx.us/wichd/lactate/TXfact.shtm> - Information about the Texas Ten Step (TTS) program including listing of TTS hospitals and application. Free.  
<http://www.trimofran.org/tmfbody.cfm?id=427> - Trinity Mother Frances Health System, Lactation Center - a great example of a TTS facility.  
[www.unicef.org](http://www.unicef.org) - UNICEF information on the Baby-Friendly Hospital Initiative; search on Baby Friendly.  
<http://www.wellstart.org/> - Read about how University of California San Diego Medical Center became a Baby-Friendly Hospital. Wellstart's mission is to advance the knowledge, skills, and ability of health care providers regarding the promotion, protection, and support of optimal infant and maternal health and nutrition from conception through the completion of weaning.  
<http://www.bfmed.org/index.asp?menuID=139&firstlevelmenuID=139> - The Academy of Breastfeeding Medicine Model Breastfeeding Policy.

### Special Needs Infants

<http://www.dshs.state.tx.us/cshcn/> - Resources and information.  
<http://www.mmbaustin.org/> - Mothers' Milk Bank at Austin. Provides donor human milk to premature and ill babies throughout the State. Provides assistance to other organizations wanting to start their own milk bank. To reach the Mothers' Milk Bank at Fort Worth call (800) 810-0071.  
<http://www.hmbana.org/> - Human Milk Banking Association of North America. Professional membership association for milk banks in Canada, Mexico and the United States.  
<http://www.guideline.gov/> - National Guideline Clearing House; Evaluates current literature and compiles reports, including evidence-based guidelines.

## Trainings

### Training Courses and Conferences

<http://www.dshs.state.tx.us/wichd/lactate/courses.shtm> - Breastfeeding training courses presented by the Department of State Health Services and offering CME and other continuing education credits.

<http://www.ibreastfeeding.com/html/conference.html> - Annual breastfeeding conferences by Hale Publishing.

[http://www.naturalbeginningsonline.com/ev\\_parenting.html](http://www.naturalbeginningsonline.com/ev_parenting.html) - Dallas area conferences, lactation consultant trainings.

<http://www.bsccenter.org/index.html> - Breastfeeding Support Consultants Center for Lactation Education.

<http://www.lactationeducationconsultants.com/> - Mission is to provide prospective lactation consultants and other health professionals with programs related to lactation and breastfeeding information that is practical, current, and evidence-based.

<http://www.leron-line.com/> - Home page listing lactation consultant training and other educational programs and resources sponsored by Lactation Education Resources.

<http://www.lalecheleague.org/spec.html> - La Leche League (LLL) conferences.

<http://www.ilca.org/conference/index.php> - International Lactation Consultant Association conference.

<http://www.wicconference.com> - Texas WIC Program's annual Nutrition and Breastfeeding Conference.

<http://www.healthychildren.cc/> - Conferences, on-line training.

### On-line CME Courses

<http://www.breastfeedingbasics.org/> - Breastfeeding basics on-line training for health professionals, CME credit.

<http://www.health-e-learning.com/> - Online breastfeeding courses for doctors, OB nurses, midwives, hospital and physician office staff, and lactation consultants.



### Peer Counselor Program

<http://www.dshs.state.tx.us/wichd/lactate/peer.shtm> - Peer Counselor Trainer Workshop. Texas Breastfeeding Peer Counselor Program, downloadable training manual. Free.

## Training for Childcare Workers

<http://www.dshs.state.tx.us/wichd/bf/childcare.shtm> - How to support a breastfeeding mother. Training module for childcare workers. CEU credit = 1.5 hrs. Every childcare facility in your community should require this training of their workers. Free.

<http://www.usbreastfeeding.org/Publications.html> - U.S. Breastfeeding Committee position papers on Workplace Breastfeeding Support and Breastfeeding and Child Care.

## Parent Resources

### Parent Books

<http://store.llli.org/books/category/9> - Large assortment of parenting books.

<http://www.icea.org/> - Large assortment of parenting books.

<http://www.breastfeedingbooks.com/> - Why Should I Nurse My Baby? In seven languages, and other books.

<http://www.amysbabycompany.com> - Breastfeeding: A Parent's Guide and Breastfeeding: Keep It Simple in English/Spanish, and other resources.

## Support

### Hotlines and Directory

<http://www.dshs.state.tx.us/wichd/bf/bfhelp.shtm> - Texas Lactation Support Hotline and voluntary on-line directory of trained breastfeeding educators listed alphabetically, by County, by Spanish-speaking, and by area code. The online directory is not an all-inclusive list of breastfeeding educators. Statewide breastfeeding warmline; (800) 514-6667.

<http://www.dshs.state.tx.us/wichd/default.shtm> - Texas WIC clinic locator and information hotline; (800) 942-3678.

<http://www.4woman.gov/> - The National Women's Health and Information Center, US Department of Health and Human Services; hotline and breastfeeding information; (888) 220-5446.

<http://www.llli.org/nb.html> - How to find a local La Leche League group and other information; (847) 519-7730.

<http://www.aabaonline.com/tp42/Default.asp?ID=24582> - African American Breastfeeding Alliance hotline and other breastfeeding information; (877) 532-8535.

## Doulas and Midwives

<http://www.dona.org/> - Doulas of North America (DONA) standard of care and ethics policies with downloadable information for public distribution; search for a Doula.

<http://www.cappa.net/> - Childbirth and Postpartum Professional Association standard of care and ethics policies. Downloadable information for public distribution.

<http://doulanetwork.com/directory/Texas/> -Directory of Texas Doulas.

<http://www.midwifeinfo.com/topic-breastfeeding.php> - Information.

<http://www.acnm.org/> - American College of Nurse-Midwives.

<http://www.midwiferytoday.com/> - Midwifery Today magazine.

<http://www.texasmidwives.com/> - The Association of Texas Midwives.

## Family Support

<http://www.lalecheleague.org> - Find local support groups.

<http://www.aabaonline.com> - Find local support groups.

<http://www.dshs.state.tx.us/wichd/default.shtm> - Special Supplemental Nutrition Program for Women, Infants, and Children; helps pregnant women, new mothers, and young children eat well, learn about nutrition and breastfeeding, and stay healthy.

<http://www.gotmom.org/> - Information and resources for breastfeeding families. Created by the American College of Nurse-Midwives.

<http://www.promom.org> - Promotion of Mother's Milk, Inc information for mothers and families.

<http://www.fns.usda.gov/wic/Fathers/SupportingBreastfeeding.HTM> - Campaign materials, videos and discussion guide.

[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list\\_uids=11845740](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11845740) - Description of male-focused breastfeeding promotion corporate lactation program.

<http://www.dshs.state.tx.us/wichd/bf/bfpublic.shtm> - Partner, grandparent, and general community support brochures can be ordered here.

<http://www.kellymom.com/> - Breastfeeding and Attachment Parenting.

<http://www.naturalchild.com/> - The Natural Child Project. Breastfeeding articles and breastfeeding doll.

<http://www.attachmentparenting.org/> - Attachment Parenting International.



## Working and Breastfeeding

- [http://eap.partners.org/WorkLife/Lactation\\_Support/Going\\_Back\\_to\\_work.asp](http://eap.partners.org/WorkLife/Lactation_Support/Going_Back_to_work.asp) - Support for breastfeeding employees.
- <http://www.mayoclinic.com/invoke.cfm?id=WL00034> - Workplace tips for new moms by Mayo Clinic staff.
- <http://www.pumpingmoms.org/> - A site maintained by the Pumping Moms Yahoo Group. Moms support other pumping moms.
- <http://www.workandpump.com> - Information and chat rooms for working moms.
- <http://www.dshs.state.tx.us/wichd/lactate/mother.shtm> - DSHS Mother- Friendly Worksite program. Provides guidance for business that would like to accommodate breastfeeding mothers at work.
- <http://www.dshs.state.tx.us/wichd/bf/bfpublic.shtm> - Order brochures such as Become a Mother-Friendly Worksite and Breastfeeding and Working Works for Me!, and Hand Expression and Storage of Breastmilk. Free.
- <http://www.aap.org/breastfeeding/BFArticle.pdf> - Supporting Breastfeeding Mothers as They Return to Work by Marianne Neifert, M.D., F.A.A.P.
- <http://www.dshs.state.tx.us/schoolhealth/pdf/bulletin/jan2004.pdf> - School health bulletin article that encourages school districts to support teachers who want to continue nursing after returning to work. Free.
- <http://www.dshs.state.tx.us/wichd/bf/protocol.shtm> - Physician Support Letter to Employer of Breastfeeding Mom in English and Spanish; Moms can ask their physician to sign to encourage their employer to support their breastfeeding efforts. Free.
- <http://www.usbreastfeeding.org/Publications.html> - U.S. Breastfeeding Committee position papers on Workplace Breastfeeding Support and Breastfeeding and Child Care

## Breastfeeding in Emergencies

- <http://www.dshs.state.tx.us/wichd/bf/ifdiasters.shtm> - Department of State Health Services Infant Feeding in Disasters information, posters, and instructions on how to find Texas breastfeeding counselors to assist mothers during an emergency.
- <http://www.ilca.org/> - The International Lactation Consultant Association “Breastfeeding in Emergencies” curriculum kit. Focuses on a two-fold approach: (a) how to mobilize IBCLCs in a community to respond effectively in supporting pregnant and breastfeeding women in an emergency; and (b) education for healthcare workers and relief organization staff on how to support breastfeeding when disaster strikes.

<http://www.usbreastfeeding.org/Issue-Papers/Emergency.pdf> - Information on Infant and Young Child Feeding in Emergencies for UNICEF Offices and Partners.

<http://www.hmhbcentx.org/html/emergencies.html> - Downloadable Infant Feeding in Emergencies brochure. Free.

<http://www.lalecheleague.org/Release/emergency.html> - When an emergency strikes, breastfeeding can save lives media release. Free.

### Breast Pumps and Related Equipment

<http://www.lalecheleague.org/FAQ/pump.html> - FAQ on how to choose a pump.

<http://www.breastfeeding.com/workingmom/suggestions.html> - information on how to choose a breast pump.

<http://store.llli.org/books/product/34> - Tear off sheet on how to choose a pump.

<http://www.hollister.com/us/mbc/breastfeeding/> - Pumps and breastfeeding equipment.

<http://www.medela.com/> - Pumps and breastfeeding equipment.

[www.aventamerica.com](http://www.aventamerica.com) - Breast pumps.

<http://www.baileymed.com/> - Nurture III breast pumps.

[www.lact-aid.com](http://www.lact-aid.com) - Breastfeeding supplementer.

### Frequently Asked Questions - Free

<http://www.lalecheleague.org/nb.html> - Multi-lingual La Leche League (LLL) FAQs.

<http://www.4woman.gov/breastfeeding/index.cfm?page=home> - National Women's Health Information Center.

<http://www.askdrsears.com/html/2/T020100.asp> - Dr. William Sears.

<http://www.dshs.state.tx.us/wichd/bf/bfhelp.shtm> - in English/Spanish.

<http://www.4woman.gov/Breastfeeding/Breastfeeding.pdf> - National Women's Health Center's Breastfeeding Help and Information.

## Promotional Resources and Campaigns

### General Breastfeeding Campaigns

- <http://www.4woman.gov/owh/breastfeeding.htm#3> - U.S. Department of Health and Human Services National Breastfeeding Campaign.
- [http://www.beststartinc.org/project\\_experience.asp#1](http://www.beststartinc.org/project_experience.asp#1) - Best Start's Loving Support Makes Breastfeeding Work campaign.
- <http://www.dshs.state.tx.us/wichd/lactate/media.shtm> - National Breastfeeding MediaWatch Campaign.
- <http://banthebags.org/> - Ban the Bag Campaign information to get formula marketing out of hospitals.

### World Breastfeeding Month

- <http://www.dshs.state.tx.us/wichd/bf/wbm.shtm> - DSHS World Breastfeeding Month Web site includes ideas, information, sample press releases, governors proclamations, and materials for current and past WBM themes. Free.
- <http://www.waba.org.my/> - World Alliance for Breastfeeding Action; World Breastfeeding week Web site.
- <http://www.lalecheleague.org/walk.html> - La Leche League's annual World Walk for Breastfeeding.

### International Events

- <http://www.gobi.ca/babyfriendly/index.php> - Quintessence Foundation, British Columbia World Breastfeeding Week Web site. Celebrated annually on October 1st.

### Cultural Campaigns and Materials

#### **African American**

- <http://www.aabaonline.com> - African American Breastfeeding Alliance offers FAQs, An Easy Guide to Breastfeeding for African American Women and The Black Woman's Guide to Breastfeeding. Free.
- <http://www.blackwomenshealth.com/BreastFeeding.htm> - Black Women's Health.
- [http://www.bwwla.com/roots\\_wings\\_prog.html](http://www.bwwla.com/roots_wings_prog.html) - Black Women for Wellness offers workshops to encourage African American women to breastfeed.
- [http://www.dshs.state.tx.us/wichd/bf/african\\_americanbf.shtm](http://www.dshs.state.tx.us/wichd/bf/african_americanbf.shtm) - Texas Department of State Health Services African American breastfeeding promotion campaign with links to materials. Free.

### **African American - continued**

<http://www.fns.usda.gov/wic/Fathers/SupportingBreastfeeding.HTM> - USDA campaign targeting African American fathers. Free.

### **Hispanic**

<http://www.dshs.state.tx.us/wichd/bf/bfpublic.shtm> - Breastfeeding publications available in Spanish. Free.  
<http://www.dshs.state.tx.us/wichd/nut/bflessons-nut.shtm> - Spanish lessons, handouts, bulletin boards. Free.

### **Vietnamese**

<http://www.dshs.state.tx.us/wichd/bf/bfpublic.shtm> - Breastfeeding publications available in Vietnamese. Free.  
<http://www.dshs.state.tx.us/wichd/nut/pdf/SP-000-06v.pdf> - A Helping Hand for Breastfeeding Mothers (self-paced lesson) in Vietnamese. Free

### **Native American**

<http://www.dshs.state.tx.us/avlib/default.shtm> - Tradition of Love video of Native American breastfeeding families. Available in DSHS Library, call number VC5942 or for purchase from Ambrose Communications, New Mexico WIC.

## **Advocacy**

### **Media**

<http://www.dshs.state.tx.us/wichd/bf/preprel.shtm> - Tips on preparing a press release.  
<http://www.dshs.state.tx.us/wichd/bf/newscolumns.shtm> - Breastfeeding Promotion Newspaper Columns.  
<http://www.dshs.state.tx.us/wichd/lactate/media.shtm> - National Breastfeeding Media Watch - gives tips on how to contact the media to support positive and protest negative portrayals of breastfeeding.

## Legislation

- <http://www.lalecheleague.org/LawMain.html> - Legal issues, updates, list of states with legislation, summaries of bills and laws.
- <http://www.breastfeeding.org/law/statesummary.html> - State legislation summary.
- <http://www.naba-breastfeeding.org/> - National Alliance for Breastfeeding Advocacy. Organization provides information on current legislation that has an impact on breastfeeding; Lobbying advice and legislation tracking; Abreast of the Times newsletter.
- <http://capwiz.com/awhonn/home/> - Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) Legislative Action Center. Join for free and receive alert updates when key legislation is pending.
- <http://www.house.gov/maloney/issues/breastfeeding/fedleg.htm> - Congresswoman Carol B. Mahoney's breastfeeding legislation page.
- [http://www.breastfeeding.com/advocacy/advocacy\\_new\\_leg.html](http://www.breastfeeding.com/advocacy/advocacy_new_leg.html) - How you can support national breastfeeding legislation, legislative updates.
- <http://www.usbreastfeeding.org/Publications.html> - U.S. Breastfeeding Committee position papers on breastfeeding legislation and other topics.
- [http://www.lifecare.com/connection/3q02\\_6.html](http://www.lifecare.com/connection/3q02_6.html) - Breastfeeding in the Workplace legislation article and state legislation summary.
- <http://www.gotmom.org/news/legislation.htm> - Why we need legislation.
- <http://www.dshs.state.tx.us/wichd/lactate/mother.shtm#item2> - Texas right to breastfeed in public law and Mother-Friendly Worksite guidance.
- <http://www.senate.state.tx.us/CHBook/CHBook.htm> - The Citizen Handbook of the Texas Legislative Process.
- <http://thomas.loc.gov> - Research bills, laws, Senate and House committees, Congressional Record, and legislation.
- <http://www.house.gov> - The official site of the current session of the U.S. House of Representatives. Includes current House deliberations and actions, addresses of representatives, etc.
- <http://www.senate.gov> - The official site of the U.S. Senate. Includes current activity, past history, and how to contact individual senators.
- <http://www.whitehouse.gov> - The official site of the White House. Includes how to contact various offices and officials.
- <http://www.gpo.gov/> - Government Printing Office. Includes Congressional bills since 1993, the Congressional directory, daily calendars for the House and Senate, economic indicators, and the U.S. Code.

## Fundraising

[www.greenlights.org/](http://www.greenlights.org/) - Resource for starting an independent non-profit in the United States.

[http://www.firstgov.gov/Business/Business\\_Gateway.shtml](http://www.firstgov.gov/Business/Business_Gateway.shtml) - U.S. government information and resources for nonprofit and charitable organizations.

<http://www.managementhelp.org/index.html> - Free library of information for managing non-profits (and for-profits).

<http://foundationcenter.org> - Aid in identifying funding sources, grant writing, instruction on funding research, etc.

<http://www.ucs.louisiana.edu/~ksk1890/describe.html> - Highly rated book, *Effective Fund-Raising Management*, by Dr. Kathleen S. Kelly.

[http://www.managementhelp.org/fndrsng/np\\_raise/np\\_raise.htm](http://www.managementhelp.org/fndrsng/np_raise/np_raise.htm) - Non-Profit Fundraising and Grantwriting library.

## Statistics

[http://www.who.int/nut/db\\_bfd.htm](http://www.who.int/nut/db_bfd.htm) - WHO Global Databank on breastfeeding.

<http://www.cdc.gov/breastfeeding/> - National Immunization Survey breastfeeding data.

[http://www.cdc.gov/reproductivehealth/srv\\_prams.htm](http://www.cdc.gov/reproductivehealth/srv_prams.htm) - Center for Disease Control Pregnancy Risk Assessment Monitoring System (PRAMS) includes updates of state-by-state breastfeeding rates in the U.S.

<http://www.dshs.state.tx.us/wichd/lactate/statistics.shtm> - Texas WIC Peer Counselor program statistics of four sites in Texas. For statewide WIC breastfeeding rates, call 1 (512) 458-7111.

<http://www.kellymom.com/writings/bf-numbers.html#ross> - Worldwide breastfeeding statistics from CDC, Ross Labs, and other sources.

## Professional Support of Breastfeeding

### Position Statements Supporting Breastfeeding

<http://www.usbreastfeeding.org/> - United State Breastfeeding Committee (USBC); USBC's mission is to improve the Nation's health by working collaboratively to protect, promote and support breastfeeding.

<http://www.dshs.state.tx.us/wichd/lactate/position.shtm> - DSHS Position Statement on Infant Feeding Statement.

<http://www.dshs.state.tx.us/phn/obesity.shtm> - DSHS Strategic Plan for the Prevention of Obesity in Texas; includes promotion of breastfeeding as a means to prevent obesity.

<http://www.fns.usda.gov/wic/Breastfeeding/breastfeedingmainpage.HTM> - U.S.

Department of Agriculture, Food and Nutrition Service, Breastfeeding Promotion and Support in the WIC Program.

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b100/6/1035> - American Academy of Pediatrics (AAP) Breastfeeding and the Use of Human Milk, Policy Statement.

<http://www.acog.org/departments/underserved/breastfeedingStatement.pdf> - American College of Obstetricians and Gynecologists (ACOG) Guidelines on Breastfeeding.

<http://www.aafp.org/x6633.xml> - American Academy of Family Physicians (AAFP) - Breastfeeding Position Paper.

[http://www.midwife.org/siteFiles/position/Breastfeeding\\_05.pdf?CFID=3020765&CFTOKEN=22706708](http://www.midwife.org/siteFiles/position/Breastfeeding_05.pdf?CFID=3020765&CFTOKEN=22706708) - American College of Nurse-Midwives (ACNM) Position Statement on Breastfeeding.

[http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy\\_1728\\_ENU\\_HTML.htm](http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_1728_ENU_HTML.htm) - American Dietetic Association (ADA) Position Statement on Breastfeeding: Breaking the Barriers to Breastfeeding.

[http://www.who.int/child-adolescent-health/NUTRITION/infant\\_exclusive.htm](http://www.who.int/child-adolescent-health/NUTRITION/infant_exclusive.htm) - World Health Organization, position statement on exclusive breastfeeding.

<http://www.cdc.gov/breastfeeding/> - Centers for Disease Control and Prevention (CDC) breastfeeding promotion/education Web site.

<http://www.4woman.gov/Breastfeeding/index.cfm?page=home> - U.S. Department of Health and Human Services – Breastfeeding – Best for Baby, Best for Mom.

<http://www.ers.usda.gov/publications/fanrr13/> - U.S. Department of Agriculture (USDA) Economic Research Service (ERS) The Economic Benefits of Breastfeeding: A Review and Analysis.

<http://www.4woman.gov/owh/pub/breastfeeding/> - America's Health Insurance Plans (AHIP) Advancing Women's Health.

## Professional Breastfeeding Organizations and Coalitions

<http://www.ilca.org/> - International Lactation Consultant Association.

<http://www.iblce.org/> - International Board of Lactation Consultant Examiners.  
Information on how to become a Lactation Consultant.

<http://www.bfmed.org/> - The Academy of Breastfeeding, physicians' group to support and promote breastfeeding.

<http://www.aabaonline.com> - African American Breastfeeding Alliance.

<http://www.hmhb.org/> - National Healthy Mothers Healthy Babies Coalition.

<http://www.lalecheleague.org/> - La Leche League International.

<http://www.llusa.org/TX/> - La Leche League Texas.

<http://www.promom.org/> - Promotion of Mother's Milk, Inc., a nonprofit organization dedicated to increasing public awareness and public acceptance of breastfeeding.

<http://www.infactcanada.ca/InfactHomePage.htm> - Infant Feeding Action Coalition of Canada.

For other state breastfeeding coalitions, see next section.

## Related Organizations

<http://www.tea.state.tx.us/pep/history.html> - Life Skills Program offers support to teen parents and encourages young mothers to breastfeed.

<http://www.cistexas.org/> - Twenty-six Community-in-Schools programs provide Texas teens with support groups, network with volunteers to instruct and encourage breastfeeding.

## Coalition Building Resources

[http://www.hcpartnership.org/Publications/comm\\_mob/htmlDocs/cac.htm](http://www.hcpartnership.org/Publications/comm_mob/htmlDocs/cac.htm) - Information on community planning from the Center for Communication at Johns Hopkins Targets developing countries, but is relevant to organizing any community.

<http://www.hmhb.org/> - National Healthy Mothers Healthy Babies Coalition.

<http://www.ibfan.org/english/gateenglish.html> - IBFAN is a coalition of more than 150 citizen groups in 90 nations. IBFAN promotes better maternal and child health and nutrition through the protection and promotion of breastfeeding and the elimination of irresponsible marketing of breastmilk substitutes. IBFAN helped to develop the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes and is determined to see marketing practices everywhere change accordingly.

[www.latchon.org](http://www.latchon.org) - A breastfeeding resource marketplace; brings together people proposing projects with people interested in supporting their work.



Texas Breastfeeding Coalitions &  
International Lactation Consultant  
Association Affiliates (1/2007)

**Statewide Texas Breastfeeding Coalition**

Texas Breastfeeding Coalition

Contact: Janet Rourke at [janetrourke@sbcglobal.net](mailto:janetrourke@sbcglobal.net) or

<http://www.txbfcoalition.org/> or Judy Hopkinson at [judyh@bcm.tmc.edu](mailto:judyh@bcm.tmc.edu)

**Local Texas Breastfeeding Coalitions**

1. Central Texas Healthy Mothers Healthy Babies Coalition, Austin  
Contact: Janet Rourke at [janetrourke@sbcglobal.net](mailto:janetrourke@sbcglobal.net)  
or  
<http://www.hmhbcentx.org/>
2. African American Breastfeeding Alliance of Texas, Austin  
Contact: Johnese Evans at [johnese@komfortkeepers.com](mailto:johnese@komfortkeepers.com)  
or  
[www.KomfortKeepers.com](http://www.KomfortKeepers.com)
3. Coastal Bend Breastfeeding Coalition (CBBC), Corpus Christi  
Contact: Laurie Beck at [laurie.beck@dchstx.org](mailto:laurie.beck@dchstx.org)
4. Southwest Area Breastfeeding Advocates (SWABA), El Paso  
Contact: Libby Berkeley at [Lizabeth.Berkeley@TTUHSC.EDU](mailto:Lizabeth.Berkeley@TTUHSC.EDU)
5. Harris County Breastfeeding Coalition, Houston & surrounding area  
Contact: Krystal Revai at [kfrevai@utmb.edu](mailto:kfrevai@utmb.edu)  
or  
Connie Gaskamp at [Connie\\_Gaskamp@hchd.tmc.edu](mailto:Connie_Gaskamp@hchd.tmc.edu)  
or  
Judy Hopkinson at [judyh@bcm.tmc.edu](mailto:judyh@bcm.tmc.edu)

6. African American Breastfeeding Alliance of Texas, Bryan/  
College Station/Houston area  
Contact: Kimberley Traylor at theirbirthright@yahoo.com
7. Dallas Area Breastfeeding Alliance (DABA)  
Contact: Linda Jackson at LindaJ@richardsonhealth.com  
or  
Annette Frantz at Ta.frantz@verizon.net  
or  
Jeannette Crenshaw at Jeannette.Crenshaw@texashealth.org
8. Fort Worth Area Breastfeeding Alliance  
Contact: Cheryl Brien Warren at Cheryl.warren@dshs.state.tx.us
9. San Antonio Breastfeeding Coalition  
Contact: May Beth Blue at mbblue@baptisthealthsystem.com
10. Panhandle Breastfeeding Coalition  
Contact: Tiffany Bateman at outstandingtiffany@yahoo.com
11. Rio Grande Valley Breastfeeding Coalition, Brownwood,  
McAllen, Harlingen  
Contact: Debora Cortez, President: 956-412-9569  
or  
Veronica Riojas at rgvbfcoalition@yahoo.com  
or  
956-381-4646

### **International Lactation Consultant Association (ILCA) Affiliates (Professional Organizations)**

1. Dallas Lactation Consultant Association  
Contact: Judy Eastburn at jeastburn@grandecom.net
2. Heart of Texas Lactation Consultants, Austin  
Contact: Sheree Scudder at sheree.scudder@ci.austin.tx.us
3. Houston Area Lactation Consultant and Educators  
Association  
Contact: Barbara Crotty at 4crottys@sbcglobal.net