

Community Connection

OB's Supporting Breastfeeding
March 6, 2024

By Breastfeed Durham
BreastfeedDurham.org



Disclosure

I have no conflict of interest, however I believe that lived experience impacts us all.

- Executive Director and Board Member of Breastfeed Durham:
- Board Member of Fatherhood of Durham:
- Background in Childcare and Community Health:
 - Worked with the Durham Headstart program
 - Served as a Community Health Worker with the Durham County Department of Public Health
- Personal Experience and Advocacy:
 - As a mother and grandmother who has breastfed five children, she brings personal experience to her advocacy work.
 - Her motto, “A happy mom breastfeeding is a happy baby eating,” reflects her philosophy of supporting and empowering breastfeeding mothers.
- Community Engagement and Support:
 - Regularly attends community events, fostering connections and offering support.
 - Known as the “resource lady” in her community, highlighting her role in providing information and resources related to chest/breastfeeding and other relevant topics.

Bernadette Greene's dedication to her community and her roles in various organizations showcase her commitment to supporting families, promoting health and wellbeing, and being a valuable resource for parents in Durham.



Disclosure

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- Passionate parent from a mixed race background
- Children with special needs
- Volunteer and breastfeeding advocate
 - La Leche League Leader
 - President of NC Breastfeeding Coalition
 - Volunteering is inherently inequitable
- Data Nerd
- Community Health Worker/COO
 - Breastfeed Durham working
 - Breastfeeding Family Friendly Communities



Learning Objectives

Understand the Impact of Lived Experience: Recognize how personal and community experiences shape breastfeeding and support, emphasizing the importance of diverse perspectives in healthcare provision.

Highlight the Importance of Community Engagement: Discuss the role of community involvement and support in encouraging and facilitating breastfeeding, including the significance of local resources and peer support.

Examine Interdisciplinary Collaboration: Outline the benefits and methods of integrating services from lactation consultants, doulas, and community health workers into the continuum of care for breastfeeding families.

Navigate and Utilize Local Resources: Provide a comprehensive overview of available lactation support credentials, professions, and resources to ensure OBs and healthcare providers can effectively refer and support breastfeeding families.



1977



Lactation is the
intersection of
food and sexuality.

What's more cultural than that?



What cultural barriers exist between the provider and family?

Who are you?



Photo by Heather Gallagher

Women are **2.5** times more likely to
breastfeed where breastfeeding is
Supported and Promoted.

**2.2 At least 87.5% of infants from all racial/
ethnic groups are breastfed at hospital
discharge**

NC Baseline (2019) Total	80.8%
Black, NH	70.1%
White, NH	83.7%
American Indian, NH	51.7%
Hispanic	87.5%

Source: NC Vital Statistics/SCHS

Presenting from Durham, NC

Lumbee and Saponi Land

<https://native-land.ca/>

Strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations, through educational resources such as our map and Territory Acknowledgement Guide. Native Land Digital creates spaces where non-Indigenous people can be invited and challenged to learn more about the lands they inhabit, the history of those lands, and how to actively be part of a better future going forward together.



We move between several different cultures – often without even thinking about it.

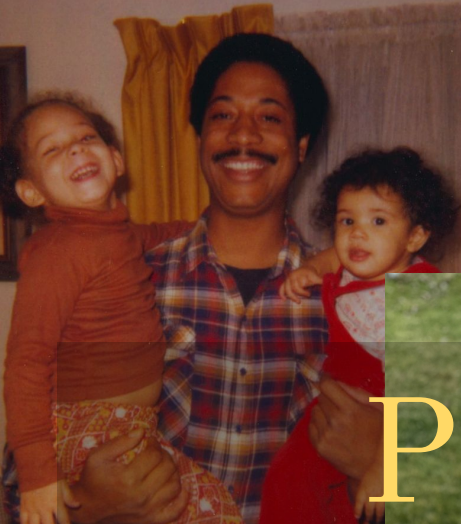
- Age ~ Appearance
- Race ~ Ethnicity
- Socioeconomic status ~ Life experiences
- Sexual orientation ~ Gender identity
- Religion
- Language ~ Location ~ National origin/Geographically bounded
- Social groups
- Professional Status
- Physical Accessibility
- Neurodiversity
- Education
- Familial status ~ Relationship status
- Worldview

Who are
you?

Intersectionality



Kimberlé Crenshaw uses the term "intersectionality" to describe the phenomenon of "standing in the path of multiple forms of exclusion."



Provider Culture Meets Patient Culture

What cultural
barriers exist
between the
provider and
family?

Who are
you?

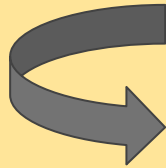
So many TEN Steps! Awards and Designations

WHO and UNICEF launched the Baby-friendly Hospital Initiative (BFHI) and **Ten steps to successful breastfeeding** to help motivate facilities providing maternity and newborn services worldwide to implement the Ten Steps to Successful Breastfeeding.

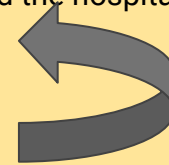


Why have **TEN Steps** for a Community?

Families need breastfeeding, chestfeeding, and human milk feeding support beyond the hospital...



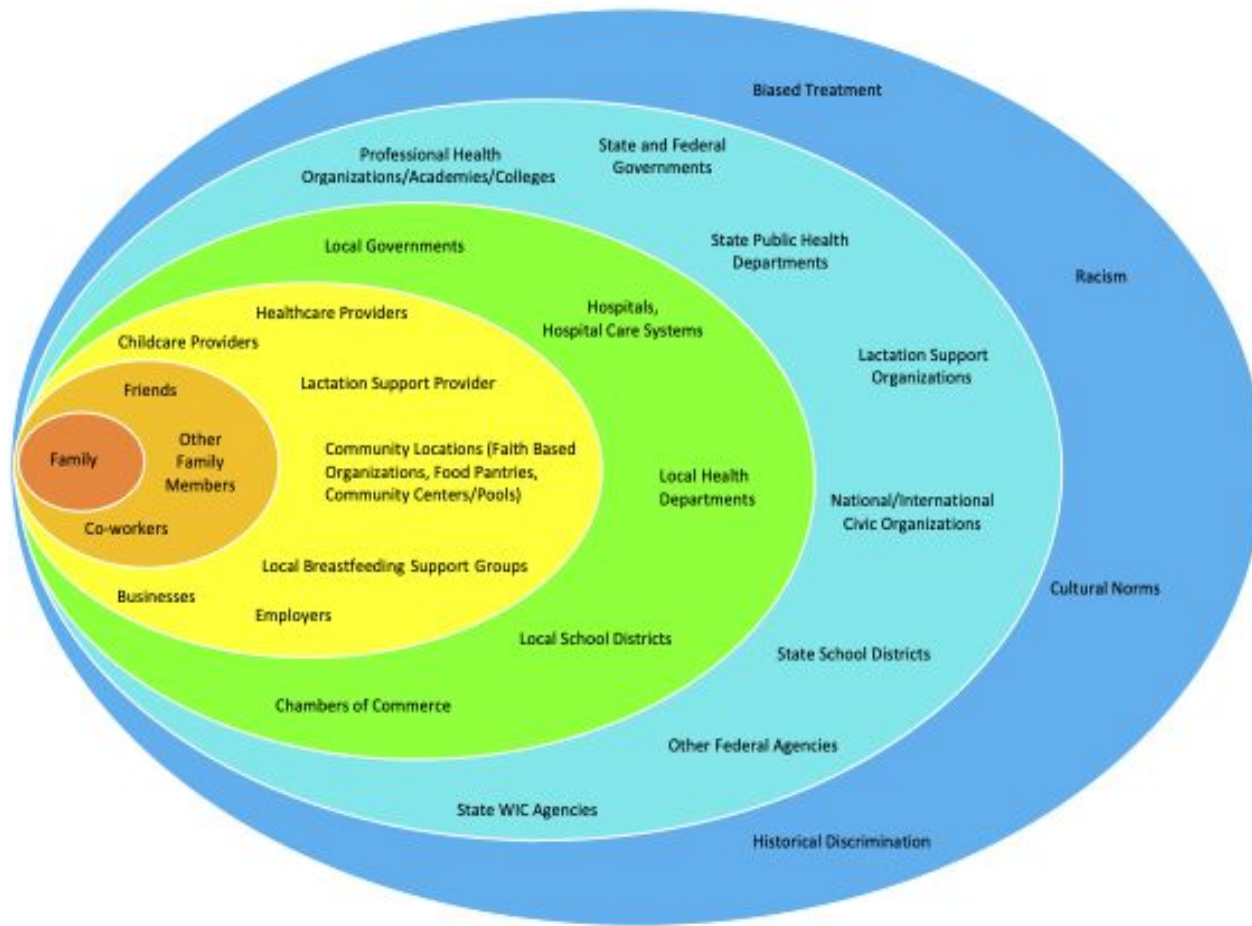
Families need a supportive community.



Communities need to collaborate to support families.

**Government, Healthcare, Community Support Providers,
Local Businesses, Nonprofits, Local Faith Communities,
Childcare Providers, Local Schools, and more...**

We need to Engage the Whole Community!



Support and safeguard the nursing family.

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

A woman with dark braided hair, wearing a purple off-the-shoulder top, is breastfeeding a young child in a yellow patterned shirt. They are outdoors in a park-like setting with trees and grass. A semi-transparent grey box with white text is overlaid on the lower half of the image.

The Breastfeeding Family Friendly Communities (BFFC) initiative is a community-wide program to impact Health Equity, as supported by the World Health Organization guidelines to work with communities to improve breast/chestfeeding support services.



Ten Steps to a Breastfeeding Family Friendly Community

TEN STEPS TO A BREASTFEEDING FAMILY FRIENDLY COMMUNITY





Proclamation



BREASTFEEDING FAMILY FRIENDLY COMMUNITY

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

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

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

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

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

WHEREAS, creating a local Breastfeeding Friendly Child Care designation supports parents and childcare staff to continue breastfeeding and offering expressed milk, when returning to work or school, and supports child care staff with on-site breast feeding facilities or encouragement.

WHEREAS, curricula at community

WHEREAS, UNC Women's Friendly Health Breastfeeding designated

WHEREAS, encourages feeding/nur

NOW, THEREFORE, I hereby procla

COMMUN

This, the 27



First Responders

Please **review and share the information** below, so that Durham can become recognized as having Breastfeeding Friendly First Responders! Email Breastfeed Durham to receive a digital certificate of completion.

Review Breastfeeding Laws and Regulations

Breastfeeding in Public



First Food Equity A Shared Responsibility

Even though it's **legal to breastfeed in public in all 50 states**, there are countless instances of people being **asked to leave or cover up** – or even having the police called – while nursing. Many of those impacted are families of color – specifically, undocumented families, immigrant families, and families who have been racialized and criminalized and have every reason to avoid police contact.

Parents feeding their infant with a bottle are never asked to leave a public space. We strongly believe that chest/breastfeeding families should be treated the same in public spaces.

The TEN STEPS to Successful Breastfeeding

- HOSPITAL POLICIES**
Hospitals support mothers to be breastfed by...
 - not demanding babies or moms
 - knowing how to handle common breastfeeding problems
 - having a team of support for mothers
- STAFF COMPETENCY**
Hospitals support mothers to be breastfed by...
 - having staff on maternity wards who are breastfeeding friendly
 - assigning staff on maternity wards to be breastfeeding friendly
- ANTENATAL CARE**
Hospitals support mothers to be breastfed by...
 - encouraging to breastfeed from birth
 - preparing mothers to be breastfeeding friendly
- CARE RIGHT AFTER BIRTH**
Hospitals support mothers to be breastfed by...
 - encouraging an immediate skin-to-skin contact with baby after birth
 - helping mothers to get the baby latched on "early"
- SUPPORT MOTHERS WITH BREASTFEEDING**
Hospitals support mothers to be breastfed by...
 - checking if mother is doing well
 - helping mothers with breastfeeding problems
- SUPPLEMENTING**
Hospitals support mothers to be breastfed by...
 - giving only breast milk when baby can't breastfeed
 - providing advice on how to breastfeed
 - providing bottles when needed
- ROOMING-IN**
Hospitals support mothers to be breastfed by...
 - letting mothers and babies stay together
 - helping mothers who have a hard time breastfeeding
- RESPONSIVE FEEDING**
Hospitals support mothers to be breastfed by...
 - helping mothers to get the baby latched on "early"
 - helping mothers with breastfeeding problems
- BOTTLES, TEATS AND PACIFIERS**
Hospitals support mothers to be breastfed by...
 - checking if mother is doing well
 - helping mothers with breastfeeding problems
- DISCHARGE**
Hospitals support mothers to be breastfed by...
 - helping mothers to get the baby latched on "early"
 - helping mothers with breastfeeding problems
 - working with community to support breastfeeding

World Health Organization | Breastfeeding Family Friendly Communities | unicef



Home

About

Awards

Resources

Family Friendly Clinic Award

Family Friendly Clinic Award

What is the Family Friendly Clinic Award for Outpatient Clinics?

Since 2014, the North Carolina Breastfeeding Coalition has been awarding the "Family Friendly Clinic Award" for outpatient healthcare clinics. Award winners represent the best of our state has to offer for support of breastfeeding/chestfeeding/nursing families. Members of our communities can look to NCBC's list of awardees to know to whom they can turn for evidence-based, high-quality breastfeeding support. Award-winning clinics may proudly display the award plaque in their clinic and use our logo on the practice website if desired. Awardees benefit from guided help to improve lactation support, and public recognition and free marketing regarding mother-baby friendly care.



Duke Regional Earns Baby-Friendly Designation!

News, Breastfeeding Communities, Parent Information, Providers / By Breastfeed Durham

We are excited to share that Duke Regional Hospital has earned its Baby-Friendly designation! After successfully completing all steps of a rigorous multi-year process that entailed coordination of both outpatient and inpatient education, overcoming supply chain and procurement challenges during a pandemic and demonstrating collaboration across a vast geographical area in the Triangle, Duke Regional ...



Searching for answers...

Stay aBreast

- Breastfeeding & Lactation Support Policies for Medical Trainees
- New resource alert! Public Health Approaches to Perinatal Substance Use
- Lactancia Latina Coalition Updates
- The Importance of the WIC Referral Form
- Breastfeed Durham Unveils New "Breastfeeding Welcome Here" Signs in Partnership with Local Artist and Durham Parks and Rec
- New MAAME, Inc. EatWell program
- Low Income Energy Assistance Program (LIEAP): Apply Now!
- Immigrant Eligibility for Medicaid and ACA in North Carolina/Elegibilidad de los Inmigrantes para

A Healthier, More Welcoming Durham, Fostering First Food Equity



Pregnancy and Birth



Durham Lactation Support



Protect Breastfeeding



Printable Resources



Working and Breastfeeding



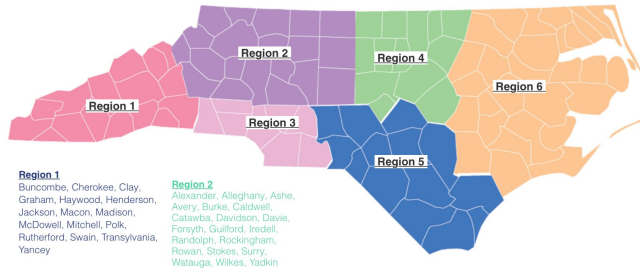
Welcoming Businesses



North Carolina Breastfeeding Resources by County

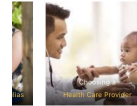
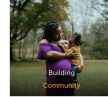
Change/Add Listing

This is a map of all of the breastfeeding resources across North Carolina by county. To use the map, simply click on your county or region. You will then be able to expand menus to view additional resources. You will find hospital, community, support and educational resources.



Breastfeed Orange NC

...working toward a healthier, more welcoming community for families.



OUR COMMUNITY STAYS ABREAST!

- 2023 Highlights - Our Business Community!
- Introducing the UNC Capstone Team
 - Board of Education Candidate Rani Dasi: Lactation Support in our Schools
 - Board of Education Candidate Allison Willis: Lactation Support in our Schools
 - Board of Education Candidate Mariela Hernandez: Lactation Support in our Schools

Upcoming Events

- La Leche League of Chapel Hill Night Owl Café
8:00 pm - 9:00 pm
- La Leche League Chapel Hill - Morning Group
10:00 am - 11:30 am
- La Leche League Chapel Hill Breastfeeding Café



Local Communities

- Asheville/Buncombe County, **North Carolina**
- Chatham County, **North Carolina**
- Chester, **Pennsylvania**
- Cincinnati and Surrounding Counties, **Ohio**
- Cumberland County, **North Carolina**
- Durham, **North Carolina**
- Elizabeth City, **North Carolina**
- Franklin County, **North Carolina**
- Hampton Roads Region, **Virginia**
- Hendersonville/Henderson County, **North Carolina**
- Hoke County, **North Carolina**
- Lycoming Clinton, **Pennsylvania**
- Montgomery County, **North Carolina**
- Orange County, **North Carolina**
- Queens, **New York**
- Richmond County, **North Carolina**
- Richmond, **Virginia**
- Scotland County, **North Carolina**
- South Bend, **Indiana**
- Williamsport, **Pennsylvania**
- Wilkinsburg, **Pennsylvania**
- Wood County, **Wisconsin**

Am I covered under the PUMP Act?

Thanks to the PUMP Act, more workers have the right to break time and private space to pump breast milk during the workday. Most nursing employees now have the right to **reasonable break time and space to pump at work** for up to one year after their child's birth.

What does my employer need to do?

Employers must provide **covered employees** with **space that is:**

- functional for pumping milk,
- shielded from view,
- free from intrusion,
- available as needed, AND
- **NOT a bathroom**

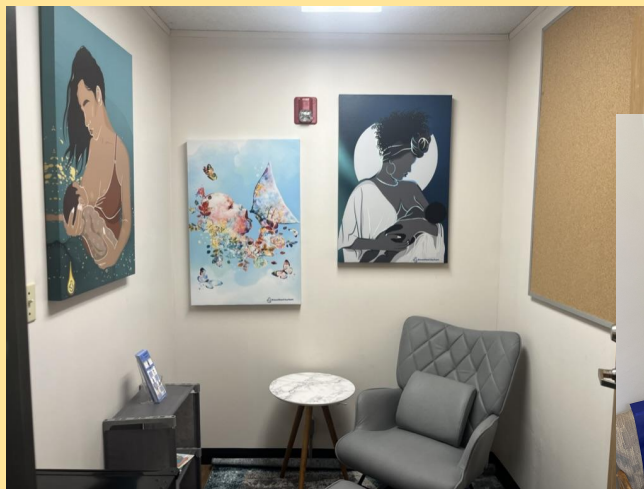
Scan the QR code

to find out if you're covered



Wage and Hour Division
U.S. Department of Labor

dol.gov/pump-at-work
1-866-487-9243



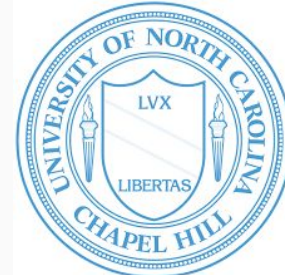
<https://breastfeeddurham.org/new-lactation-areas-in-durham-businesses/>



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



James E. Shepard, Founder



Recognize the importance of
equity in all components of
the initiative





First Food Equity A Shared Responsibility

Ultimately, Breastfeeding Family Friendly Communities (BFFC) exists because no family in this country gets enough support.

Though infant feeding is often framed as a “choice,” there is no real choice when there is **no federal paid time off, no universal and affordable/free childcare, no living wage requirements, and inequitable lactation support**. If you are a parent, we support you and we are walking this journey with you.

Imagine a world where the very
first need
of every person in our
community is met.



Okay...so what can you do?
Ask...

“Have you thought about how you're going to feed your baby?”

My Personal Statement

Even when you feel powerless, you can hold yourself accountable.

- ★ Envisioning a world in which parents, families, and babies leverage their expertise to transform systems to live full and healthy lives.
- ★ Unapologetically committed to racial and gender equity – which includes Indigenous, Black, Brown, Latinex, Middle Eastern, and Asian/Pacific Islander parents, babies, and families including nonbinary parents, both transgender and cisgender. **Remember that chest/breastfeeding is not just for white women.**
- ★ Increasing connectivity between existing parts of the community and elevating the work of historically marginalized community members with the voices of Black and Brown lactating parents at the center.

Acting on health equity outcomes at all ages and stages of life, breast/chestfeeding is essential for family, perinatal, maternal, and child health.

Navigate and Utilize Local Resources for Infant Feeding Support

Comprehensive List of Lactation Support Credentials and Professions

Lactation Consultant (LC): This term can sometimes be used broadly to describe anyone who provides lactation consulting services. The specific title and scope of practice can vary based on the certification and training received.

- **International Board Certified Lactation Consultant (IBCLC):** IBCLCs are healthcare professionals who specialize in the clinical management of breastfeeding. They are certified by the International Board of Lactation Consultant Examiners (IBLCE) after completing extensive education and clinical hours and passing an exam. IBCLCs work in various settings, including hospitals, clinics, and private practice, providing expert breastfeeding and lactation care, from basic support to managing complex challenges.
- **Certified Lactation Counselor (CLC):** CLCs have received training and certification through the Academy of Lactation Policy and Practice. Their education focuses on the basics of breastfeeding support, including helping parents with latch issues, providing emotional support, and educating families about the benefits of breastfeeding. CLCs often work in community settings, hospitals, and clinics.
- **Certified Lactation Educator (CLE):** CLEs focus on educating parents, families, and professionals about breastfeeding and human lactation. They are trained to provide up-to-date information and support to encourage successful breastfeeding. Their certification often comes from various organizations and is ideal for those looking to incorporate lactation education into their existing professional practice.
- **La Leche League Leader (LLL Leader):** LLL Leaders are parents with lived lactation experience who have completed accreditation through La Leche League International. They provide **free** support and education to breastfeeding mothers through meetings and one-on-one support, often in a community setting.
- **Breastfeeding Peer Counselor:** Typically part of a community health program, such as WIC (Women, Infants, and Children), peer counselors are mothers who have successfully breastfed and received training to support other mothers. They offer basic breastfeeding information and encouragement.
- **WIC Breastfeeding Peer Counselor:** Similar to breastfeeding peer counselors, these individuals are specifically trained under the WIC program to offer support and education on breastfeeding to low-income women and families. They share their own experiences and provide practical advice to help mothers achieve their breastfeeding goals.
- **Doula with Lactation Support Training:** Doulas are professionals trained to provide emotional, physical, and educational support to mothers during the prenatal period, childbirth, and postpartum. Those with additional training in peer-to-peer lactation support can also offer guidance and support for breastfeeding.

North American Board of Breastfeeding and Lactation Medicine (NABBLM-C): The new credential for doctors in the field of breastfeeding and lactation medicine. This board was established to set standards in physician training, knowledge, skills, and certification specifically in Breastfeeding and Lactation Medicine for both Canada and the USA. NABBLM offers board certification to physicians who demonstrate an expertise in diagnosing and managing breastfeeding and lactation-related problems using evidence-based medicine.

Breastfeeding Resources

This may include videos, books, handouts, or websites available for you to use at your worksite.

Resource	What did I like or dislike about the resource and why?
<u>Human Milk Banking Association</u>	My favorite thing about the Milk Bank is their donation for people who have experienced a loss. They are so sensitive. They thought of so much. The downside is the amount of milk that you have to have in order to donate.
The Womanly Art of Breastfeeding 8th edition	This was my introduction to breastfeeding and parenting. I read every pregnancy book, but I really didn't think about parenting until I had the baby in my arms. I expected it to be easy. I adored the stories at the beginning of the Womanly Art. However, I hated the going-back-to-work section. Here are good resources for going back to work <ul style="list-style-type: none"> • https://workwellnc.com/NCMakingItWork.php • https://www.womenshealth.gov/breastfeeding
<u>Region NCBC</u>	This resource lists almost everything. I don't like the way the resource does not rank the quality of the support.
<u>Global Health Media Videos — English</u>	I think the videos are great, however, I wish that the images represented more Americans and looked less international.
<u>Breastfeed Durham</u>	I am the Director of Breastfeed Durham, and I helped to gather all of these resources and share them with the health department over the last few years. It is hard to keep everything up to date.
<u>Global and National Breastfeeding Resources from BFFC</u>	I am on the board. So I think this is a great list, but again it is hard to keep everything up to date.
<u>Carolina Global Breastfeeding Institute</u>	I love these resources. They are always adding new information. I find it hard to keep up with all the additions and connect with the information that I'm looking for.

As reproductive health experts and advocates for women's health who work in conjunction with other obstetric and pediatric health care providers, obstetrician–gynecologists are uniquely positioned to enable women to achieve their infant feeding goals.

Enabling women to breastfeed is a public health priority because, on a population level, interruption of lactation is associated with adverse health outcomes for the woman and her child, including higher maternal risks of breast cancer, ovarian cancer, diabetes, hypertension, and heart disease, and greater infant risks of infectious disease, sudden infant death syndrome, and metabolic disease.

Contraindications to breastfeeding are few.

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/optimizing-support-for-breastfeeding-as-part-of-obstetric-practice#:~:text=Obstetrician%E2%80%93gynecologists%20and%20other%20obstetric%20care%20providers%20should%20support%20each.for%20her%20and%20her%20infant>

What does
ACOG say?

Community Connections

I asked our mailing list of 500
community advocates what they
thought you needed to know...

Dear Breastfeed Durham Community,

I hope this message finds you well and thriving in your important work supporting lactating families. Wednesday, I have the opportunity to discuss with an Obstetrician (OB) students how to strengthen the collaboration between healthcare providers, lactation consultants, doulas, and peer-to-peer lactation support providers. Part of our mission is to amplify your voice, I would like to integrate your perspective.

Do you have any thoughts on how can OBs foster stronger collaborative relationships with your work (lactation consultants, doulas, and peer-to-peer support providers, and various other healthcare settings)? If you have a thought, please feel free to share a couple sentences with me.

As someone deeply involved in peer-to-peer lactation support, I had an enlightening conversation with a doctor who shared her practice of referring to Dr. Dotson for complex lactation issues due to medical needs. However, when the conversation turned towards more common lactation challenges, particularly those intertwined with broader parenting questions, she realized the potential of peer-to-peer support groups, which she had momentarily overlooked. This incident highlighted the need for a broader awareness among OBs and other healthcare providers about the rich tapestry of lactation support available in our community, beyond clinical interventions for severe cases. It underscores the importance of fostering a collaborative network that includes a wide range of support options to address the diverse needs of breastfeeding families.

Your expertise and experiences are invaluable in shaping a more integrated support network for lactating families. Please email your recommendations, stories, and any strategies you believe could enhance the collaboration between healthcare providers and lactation support professionals. Together, we can build a stronger foundation for breastfeeding support in our community, ensuring families receive the comprehensive, compassionate care they deserve.

Warmly,

Love Anderson, ABD, LLLL, CLE, CHW, MOM

From my experience, it would be incredibly helpful for them to gain a better knowledge of available resources, and a better understanding of what types of services various professions and agencies/organizations/programs offer. I think the lactation education received during med school and residency is very limited and insufficient. They walk into practice after residency with a knowledge deficit. I would love to see that change.

Some broad concepts that would be helpful for them to gain knowledge of:

- Prenatal breastfeeding education – key topics
 - **Attend Ready, Set, Baby!** live session to see what their prenatal patients should know and better build their knowledge base to reinforce that patient education and support the evidence based information
- Principles of lactogenesis – stages
- Anatomy of the breast as it relates to lactation
- **ABM protocols** – all of them! Especially new mastitis spectrum protocol (<https://www.bfmed.org/protocols>)
- [New recommendations for breastfeeding and HIV](#)
- When supplementing is appropriate/medically necessary
- Typical weight loss/gain patterns for breastfed babies – how various birth interventions/birth trauma can influence these patterns
- Maternal health conditions that can impact lactation – PCOS, GDM, obesity, smoking, etc.
- Resources for medications & lactation – Medications & mothers milk, lactmed, etc.
- Support programs
 - What WIC is, who is eligible, what support/education services the program provides
 - What a doula is/does, how they support birthing persons
 - Postpartum home visiting support services
 - La Leche League and other community support groups
 - What the skillset/scope is for an IBCLC, how they are a valuable asset to the perinatal healthcare team, how to connect and work collaboratively, when to refer

I could probably continue on and make a much longer list, but these are the key things that I see as lacking when working with providers. I think most are eager to gain knowledge, but don't know what they are missing, where to go for information, and what resources are out there.

-Alisha Bailey, BS, IBCLC | WIC & Breastfeeding Programs Manager

Piedmont Health Services, Inc.

I thank you for sending this email. As an IBCLC and a birth doula I do find this very very important as well.

I feel I am still learning how to foster good communication but I am also learning what is working and not working.

I think some of the best ways for OBs to build this relationship is know and understand what your scope of practice is and also meeting people in your area that are the experts. When one is confident in their practice then we should be confident enough to reach out to individuals to find the information.

Welcoming doulas into your practice or when in the hospital setting talking to doulas and/or lactations consultants as professionals and not just a fad.

I have realized that when I can talk to a doctor it is because they welcomed me into their space and where I was able to show my knowledge as well as learn from them. What all this does is help to co-treat or come together to be better providers.

I hope this helps but I can continue to give examples how this works for me on a day to day basis.

Jerilyn “Jeri” Free, IBCLC, CD(DONA)

I would ask them what would make them feel comfortable integrating lactation consultants and peer support providers?

Do they need consult reports from us? Do they need information on what the field is?

Do we need to teach in their training programs? Speak at their conferences?

Are they held back by the lack of licensure? Is it just one extra thing to think about?

There are lots of things that we could suggest, but what do they see from their perspective, and how do we work that forward.

I'm delighted you have an opportunity for open conversation. This could lead to some nice collaborations.

-Ellen Chetwynd, PhD., IBCLC

Hi! I work for the interfaith food shuttle and we serve a lot of clients who are pregnant or have young children. A goal of mine has been around creating supportive education that helps women in this time period feel supported while **facing food insecurity**. We have written a lesson plan for self-paced education and would welcome a LC to review it and/or feel confident sharing it with patients who are food insecure. We'd be happy to provide training on how to screen for food insecurity and then what to do if someone screens positive. I am the director of community health and nutrition and also an RD. I would be thrilled to find ways to support LCs in the work we do.

Kylee McCombs

<kyleejmcombs@gmail.com>

EVERY ONE OF US

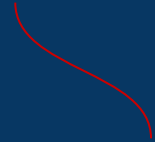


*Together, we can build a
community of care that prioritizes
the health and well-being of
families and communities.*



Thank you
for all that you do!

A special thank you
to
all of our community
partners.





BreastfeedDurham.org
BreastfeedingCommunities.org

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durham@breastfeedingcommunities.org

Questions



This presentation was made possible in part by Breastfeeding Family Friendly Communities, the Durham County Department of Public Health, and the generosity of the Durham, NC community.

BreastfeedingDurham.org