

Draft

2025-2035
Durham County

Human Milk Feeding Strategic Plan Outline

Developed by Durham County Department of Public Health and Breastfeed Durham

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Draft

Executive Summary

Title: Durham County Department of Public Health Human Milk Feeding Strategic Plan

Overview: The Durham County Department of Public Health (DCoDPH) presents a comprehensive and progressive 10-year strategic plan to promote and support human milk feeding (human milk feeding, breastfeeding, chestfeeding, or nursing, is the process where breast milk is fed to a child. Breast milk may be from the breast or may be pumped and fed to the infant. Chestfeeding is a gender-neutral term often used by transgender, non-binary individuals, or women who have experienced sexual violence to describe how they nurture their infant after birth. This initiative seeks to address critical public health challenges, notably the reduction of racial disparities in maternal and infant mortality, and the promotion of optimal maternal and child health through increased human milk feeding.

Problem Statement: Durham County faces significant challenges in maternal and infant health, particularly regarding perinatal health inequities and disparities. Breastfeeding rates in the county lag national recommendations. Addressing these issues is imperative to improving public health outcomes and aligns with Healthy People 2030 priorities.

Purpose: By integrating policy, environmental, and systemic changes, the strategic plan strives to increase breastfeeding initiation, duration, and exclusivity in Durham County. The plan focuses on fostering a supportive community where human milk feeding is normalized and accessible to all families, irrespective of their background.

Strategic Goals and Objectives: The plan outlines specific strategies and objectives across several key areas, including:

- Leadership in breastfeeding strategy and policy formulation.
- Establishment of a cohesive and comprehensive support network for feeding families.
- Education and training for public health professionals and the community.
- Promotion of breastfeeding-friendly environments in businesses, healthcare, and childcare settings.
- Increasing community capacity and access to lactation support.
- Cultivating partnerships for broader community engagement.
- Advocacy for policy changes and a shared breastfeeding database system.

Collaborator Involvement: This strategic plan has been a collaborative effort, involving many interested parties, including healthcare professionals, community groups, breastfeeding coalitions, and public health experts.

Implementation and Evaluation: The plan includes a roadmap for implementation, with a focus on measurable outcomes and continuous evaluation. It emphasizes the importance of data-

driven decision-making and regular reassessment to ensure the plan's effectiveness and relevance.

Conclusion: The Human Milk Feeding Strategic Plan represents a concerted effort by the DCoDPH to enhance the health and well-being of parents and infants in Durham County. By addressing the specific needs of the community, promoting equity, and focusing on sustainable practices, this plan sets a path towards a healthier future for all families in the county.

Rationale

The strategic plan for human milk feeding in Durham County is a response to several critical public health challenges. These challenges, rooted in both local and broader health contexts, necessitate a focused and strategic response:

- **Racial Disparities in Maternal and Infant Mortality:** Durham County experiences significant racial disparities in maternal and infant health outcomes. This is a pressing concern that demands immediate attention.

 - **Source:** <https://schs.dph.ncdhhs.gov/data/vital/volume1/2016/durham.html>
- **Alignment with State Health Goals:** Our efforts are in line with the recommendations of the North Carolina Perinatal Health Strategic Plan, which emphasizes the importance of addressing these disparities at a local level.
- **Health Benefits for Parent:** Lactation has been shown to have a substantial positive impact on the health of lactating parents, especially those who are at a higher risk for diseases like cardiovascular conditions and certain breast cancers. Breastfeeding can play a crucial role in reducing these risks. Breastfeeding has been associated with lower incidence and risk factors for diabetes, hypertension, obesity, and hyperlipidemia for birthing people.
- **Health Benefits for Infants:** According to the World Health Organization and the American Academy of Pediatrics, human milk contains antibodies which help protect against many common childhood illnesses. Human milk provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide benefits through the second year of life and beyond. Breastfed children are less prone to a variety of diseases later in life.
- **Enhancing Public Health:** The plan acknowledges the broader benefits of breastfeeding within the social and economic ecosystems of Durham County. It aims to increase breastfeeding rates, especially among Black women, by centering breastfeeding promotion and support within these ecosystems.
- **Breastfeeding Duration Rates:** Current breastfeeding duration rates in Durham lag significantly behind the recommendations of the American Academy of Pediatrics (AAP) and the World Health Organization (WHO),

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

which advocate for breastfeeding up to two years. This gap highlights the need for enhanced support and education around breastfeeding.

- **Breast Milk as a Critical Resource:** The ability of breast milk to be fed independently of clean water, sterile feeding vessels, and electricity makes it an invaluable resource, particularly during public health emergencies.
- **National Health Objectives:** Increasing the percentage of infants fed human milk is a priority under the Healthy People 2030 goals. The plan aligns with these national objectives to improve public health outcomes in Durham County.

Purpose

The Breastfeeding Strategic Plan for Durham County is designed as a comprehensive guide to advance and enhance human milk feeding practices within the community. Its core objective is to strategize and implement policy, environmental, and systemic changes that effectively increase the initiation, duration, and exclusivity of breastfeeding across the county.

This plan acts as a foundational blueprint, outlining targeted actions for various sectors including government, healthcare, business, insurance, and education, and engaging the broader community. These concerted efforts are aimed at promoting and supporting breastfeeding, chestfeeding, and all forms of human milk feeding, thereby fostering a countywide culture that not only normalizes but also actively supports these practices.

A pivotal goal of this plan is to cultivate an inclusive environment where all individuals feel comfortable to lactate in the manner they choose, and in any setting. Emphasizing inclusivity, the plan incorporates diverse perspectives and insights from community members, including parents, healthcare providers, and interested parties from various sectors, to ensure a holistic and representative approach to human milk feeding support.

This strategic plan is committed to transforming Durham County into a leading example of a community that both embraces and champions the practice of human milk feeding, making it an integral and celebrated part of our societal fabric.

Participating Departments and Programs

The development of this plan has been a collaborative effort, involving the following departments and programs whose contributions have been invaluable.

- Durham County Department of Public Health (DCoDPH)
 - Deputy Public Health Director
 - Director of Health Education and Community Transformation
 - Women's Health Nurse Program Manager
 - Improving Community Outcomes from Maternal and Child Health Community Action Team
 - Women's Health Clinic
 - Nutrition Clinic Registered Dietitians
 - Community Health Workers

- Breastfeed Durham
 - Board of Directors
 - Coordinator for the Black Breastfeeding Coalition
 - Coordinator for Lactancia Latina Coalition
 - Executive Director

- Lincoln Community Health Center
 - Director of Operations
 - Interim WIC Director
 - Nutrition Coordinator/ Lactation Educator
 - Lincoln Community Health Center

- Born in Durham Health for Life
- Family Connects
- MAAME
- La Leche League of Durham
- North Carolina Breastfeeding Coalition
- Duke Family Medicine Physicians
- Community-based International Board-Certified Lactation Consultants (IBCLCs)
- Public Health Students
- Students

Vision

As we embark on a decade-long journey with the Breastfeeding Strategic Plan, our vision is anchored in the belief that every family in Durham County deserves the support, resources, and respect necessary to nourish their children through human milk feeding. This vision encompasses a broad spectrum of feeding methods – including breast, chest, and body feeding – recognizing the diverse needs and choices of our community. We are committed to creating an environment where human milk feeding is not only normalized but also celebrated as a vital aspect of child and maternal health.

Key Aspects of Our Vision:

- **Family-Centered Support:** Provide robust support and encouragement to families for human milk feeding in the way that best suits their unique needs and circumstances.
- **Community-Wide Welcoming Atmosphere:** Cultivate a community that includes businesses, government entities, and social organizations, all contributing to a supportive environment for human milk feeding families.
- **Leadership in Health:** Ensure that health leaders in Durham actively support optimal chest/breastfeeding practices as defined by the World Health Organization. Optimal infant feeding is defined as “Children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life...From the age of 6 months, children should begin eating safe and adequate complementary foods while continuing to breastfeed for 1 to 2 years and beyond.”
- **Informed Families:** Guarantee that all families are educated about the benefits of and risks of non-human milk feeding.
- **Breastfeeding-Friendly Public Spaces:** Encourage organizations and businesses, including healthcare settings, childcare centers, and places of worship, to be breastfeeding-friendly.
- **Health Department Recognition:** Achieve all the NC Breastfeeding-Friendly Designations for the Durham County Department of Public Health.
- **Inclusive Support in Health Services:** Ensure that all health department employees are welcoming and supportive of human milk feeding families.
- **Accessible Support Services:** Provide comprehensive access to human milk feeding support groups and services, including International Board-Certified Lactation Consultants and peer support.
- **Culturally Appropriate Perinatal Services:** Strengthen perinatal and child health services for birthing people with the highest risk of poor health outcomes associated with maternal health inequities, including, but not limited to, Black, Indigenous, underinsured, and LGBTQI+ populations.
- **Workplace Accommodation:** Advocate for lactation accommodation and support in employment and childcare settings.
- **Data-Driven Strategies:** Enhance the capacity for collecting and utilizing data on human milk feeding and lactation.
- **Infrastructure and Policy Development:** Boost the county's infrastructure and policy-making capabilities to support lactation.

- **Emergency Preparedness:** Improve emergency preparedness measures to support pregnant and lactating individuals during public health emergencies.
- **Promotion of Breast/Chest Feeding:** Uphold and advocate for breast/chest feeding as the biological norm and optimal feeding method, especially during health crises.

Through this vision, we are dedicated to fostering a future where the act of human milk feeding is embraced as a fundamental and respected choice for families in Durham County. Throughout this document, we will use human milk feeding to include breast, chest, and human body feeding. We will also specifically refer to Breastfeeding, when that term better aligns with research, or the specific act of exposing a breast or chest in public.

Goals and Objectives

Goal 1: Establish Human Milk Feeding as the “Norm”

- **Objective 1.1:** Create a dedicated leadership team for managing Durham County Department of Public Health Human Milk Feeding Strategic Plan, other lactation support strategies, and lactation policies in Durham County.
- **Objective 1.2:** Review and renew the lactation policy and procedures annually.
- **Objective 1.3:** Integrate care across health departments, healthcare systems, and community organizations.

Goal 2: Assume a Community Champion Role

- **Objective 2.1:** Build or engage with an existing multi-sectoral coalition that represents lactation support touch points throughout the community.
- **Objective 2.2:** Explore the gaps within continuity of care using a root cause analysis (equity) lens.

Goal 3: Address Systemic Barriers to Lactation Support

- **Objective 3.1:** Overcome bias and misinformation among health professionals and educate on the connection between human milk feeding and health complication risk reductions.

Goal 4: Educate Local Communities

- **Objective 4.1:** Increase community awareness and support for human milk feeding.
- **Objective 4.2:** Assess current support infrastructure and identify gaps and expand training opportunities for lactation support.
- **Objective 4.3:** Ensure accessible prenatal human milk feeding classes for expectant families.

Goal 5: Foster Robust Community Partnerships

- **Objective 5.1:** Enhance community engagement in developing breastfeeding support programs.
- **Objective 5.2:** Increase Public Awareness and Education on the Benefits of Human Milk Feeding.
- **Objective 5.3:** Enhance Support for Diverse and Underrepresented Communities.
- **Objective 5.4:** Objective 5.4: Strengthen Collaborative Efforts with Academia and the Community.
- **Objective 5.5:** Foster Sustainable Environmental Practices in Support of Human Milk Feeding.

Goal 6: Create a Breastfeeding-Friendly Environment

- **Objective 6.1:** Promote breastfeeding acceptance and support through visible signs and policies.
- **Objective 6.2:** Increase the number of breastfeeding-friendly businesses and organizations.
- **Objective 6.3:** Increase the number of breastfeeding-friendly childcare centers.
- **Objective 6.4:** Enhance lactation support in healthcare clinics.
- **Objective 6.5:** Increase the number of breastfeeding-friendly healthcare clinics.

Goal 7: Provide Culturally and Racially Diverse Lactation Support

- **Objective 7.1:** Strengthen collaboration with culturally and racially diverse healthcare providers and lactation consultants to ensure comprehensive, culturally competent lactation support.
- **Objective 7.2:** Amplify the community's ability to provide uniform, personalized, evidence-based lactation education and support.

Goal 8: Advocate for a Shared Breastfeeding Database System

- **Objective 8.1:** Advocate for improved data tracking and integration.
- **Objective 8.2:** Promote the development of comprehensive data sharing agreements.
- **Objective 8.3:** Facilitate community and state collaboration.
- **Objective 8.4:** Strengthen local advocacy and engagement.
- **Objective 8.5:** Advocate for technology utilization to support breastfeeding initiatives.

10-Year Timeline (2025-2035)

2025: Establishment of leadership team, policy review, baseline measurements to track success/progress of initiative, and initiation of community partnerships.

2026: Launch of comprehensive education programs for health professionals and the community.

2027: Implementation of enhanced lactation support policies in businesses and healthcare settings.

2028: Expansion of breastfeeding-friendly childcare centers.

2029: Culturally and racially diverse support initiatives fully operational.

2030: Advocacy for a shared breastfeeding database system begins.

2031: Significant increase in human milk feeding rates as a result of educational efforts and supportive policies.

2032: Evaluation of strategic plan's effectiveness and adaptation based on findings.

2033: Consolidation of efforts and sustainability planning for ongoing support and promotion of human milk feeding.

This timeline provides a framework for the strategic plan, ensuring that each goal and its corresponding objectives are addressed systematically over the next decade, with flexibility for adjustments based on ongoing evaluations and emerging needs.

Strategies

Human Milk Feeding as the “Norm”

Goal 1: Establish human milk as the “norm” in the Durham community.

Establishment of Leadership Team

Objective 1.1: Create a dedicated leadership team for managing Durham County Department of Public Health Human Milk Feeding Strategic Plan, other lactation support strategies, and lactation policies in Durham County.

Implementation Strategy: Establish a designated individual/group to manage the following tasks including human milk feeding policy review, development, staff orientation, and education:

- 1.1.1 Establish a Perinatal Health Equity Coordinator.
- 1.1.2 Establish and/or update a process for developing, reviewing, and modifying DCoDPH policies, procedures and protocols related to lactation practice and environments.
- 1.1.3 Ensure staff receive orientation and continuing education on lactation policy implementation and support.
- 1.1.4 Conduct a lactation community needs/assets assessment to understand the local lactation support landscape. This analysis should include breastfeeding rates, availability of direct care services social norms, structural barriers, and input from lactation support professionals and families with lived experience to understand how they experience chest/breastfeeding continuity of care in their infant feeding journey should also be considered.
- 1.1.5 Conduct a thorough analysis of the existing lactation support network in Durham, including the number and types of certified lactation consultants (IBCLCs, CLCs) and compare these figures with state averages to identify gaps.
- 1.1.6 Provide ongoing support to a local human milk feeding coalition/task force with community and health department membership.

Policy and Procedures

Objective 1.2: Review and renew the lactation policy and procedures annually.

Implementation Strategy: Establish and maintain written breastfeeding policy that is routinely reviewed with department staff and meets the following criteria:

- 1.2.1 Indicates all parents will be referred to appropriate individual support within the community.
- 1.2.2 Identifies the first point of referral in the healthcare systems/community for parents experiencing common breastfeeding challenges.
- 1.2.3 Includes language about support for human milk feeding employees in accordance with state and federal statutes.
- 1.2.4 Identifies a process for review by families if requested.

- 1.2.5 Incorporate breastfeeding indicators and goals into community health assessments/community health needs assessments (CHAs/CHNAs).
- 1.2.6 Integrate breastfeeding support as a strategy into community improvement plans (CHIPs) and other community health strategic plans.

Coordinate Care

Objective 1.3: Integrate care across health departments, healthcare systems, and community organizations.

Implementation Strategy:

- 1.3.1 The Perinatal Health Equity Coordinator role should include assisting expectant and postpartum families in navigating and accessing, in a timely manner, appropriate community services that primarily serve families experiencing the greatest human milk feeding inequities in the community. (see 1.1.1)
- 1.3.2 Ensure human milk feeding families are given contact information of community-based human milk feeding support groups and services.
- 1.3.3 Develop and continuously update an easily accessible lactation support resource guide, including an inclusive compilation of services and lactation support providers available in a community, such as support groups, individual counseling, virtual options, and hot/warmlines. This resource guide should be disseminated in multiple, easily accessible formats (e.g., via text, social media), given to all new families, and used by organizations.
- 1.3.4 Improve consistency of chest/breastfeeding messaging by using evidence-based information and co-creating educational materials among lactation support providers and institutions within the community to avoid the provision of conflicting information to human milk feeding parents.
- 1.3.5 Coordinate information and promotion of human milk feeding with other programs, systems and/or organizations.
- 1.3.6 Collaborate with partners or coalitions to advocate for support and accommodation of human milk feeding families.

Community Champion Role

Goal 2: Assume a community champion role, beyond the provision of direct services, by identifying and engaging key stakeholders to identify and help remove structural barriers to lactation within systems, organizations, and the community.

Objective 2.1: DCoDPH will intentionally build or engage with an existing multi-sectoral coalition that represents lactation support touch points throughout the community.

Implementation Strategy:

- 2.1.1 Include all voices and perspectives as part of coalition building.
- 2.1.2 Leverage opportunities for the advancement of equity in human milk feeding support systems.

- 2.1.3 Advocate for the distribution of leadership access across the coalition.
- 2.1.4 Adopt diversity, equity, and inclusion statements.
- 2.1.5 Recognize and welcome that exploratory conversations, identified levers for change, and priority strategy selections will all change fundamentally when and as new voices come to the table.
- 2.1.6 A diverse and multi-sectoral coalition is developed and centered to explore the gaps within continuity of care using a root cause analysis (equity) lens. This will help to understand what people and groups are most impacted, and which existing institutions, policies, or laws are perpetuating those gaps or present barriers to ending community breastfeeding disparities.

Objective 2.2: Once a diverse, multi-sectoral coalition is developed and centered, explore the gaps within continuity of care using a root cause analysis (equity) lens to understand what people and groups are most impacted, and which existing institutions, policies, or laws are perpetuating those gaps or present barriers to ending community breastfeeding disparities.

Implementation Strategy:

- 2.2.1 Identify high-level levers for change that require collaborative action to build continuity of care for lactating families, and together, choose the priority strategies to tackle as a coalition. An example may include amplifying community access to pasteurized donor human milk.
- 2.2.2 Recognizing each person’s capacity for allyship (being an ally), identify and use one’s own privilege to advocate for local services and amplify the voices of other people in the field who do not hold the same privilege. Disseminate and promote best and promising practices, tools, resources, financial sustainability, and lessons learned from successful implementations at regional, state, and national spaces. Share useful resources with other coalitions within the state and across the nation and to those in the community providing direct services to families.
- 2.2.3 Connect breastfeeding coalitions to countywide health initiatives, usually led by local health departments (LHDs) and community-based organizations (CBOs) to better understand overall community experience, identify leveraging opportunities, disseminate lactation support resources, and engage with other health and non-health specialties, such as community organizers, social services, emergency preparedness, housing and transportation, community designers, etc.

Educate Health Professionals

Goal 3: Address systemic barriers to lactation support.

Objective 3.1: Overcome bias and misinformation among health professionals and educate on the connection between human milk feeding and health complication risk reductions.

Implementation Strategy: Educate health professionals about the connection between human milk feeding and the numerous health complication risk reductions across the lifecycle related to

each program area (such as human milk feeding and childhood obesity, human milk feeding and chronic disease prevention, safe sleep) and help them overcome bias of personal experiences.

- 3.1.1 Support and educate clinics on eliminating formula marketing practices, such as accepting free or discounted formula supplies and promotional materials from manufacturers, and designating storage for formula products away from clients' view.
- 3.1.2 Support and encourage health care organizations within the Durham community to commit to following the guidelines of the International Code of Marketing of Breast Milk Substitutes and educate staff about the risks of aggressive formula marketing to chest/breastfeeding families.
- 3.1.3 Provide required initial and ongoing competency-based education and training to all direct service staff to improve their lactation support skills. Training should include an overview of organizational policies, protocols, and workflows to support families and employees, the scope of work for each position and the internal/ external referral procedure to other types of care across the spectrum of lactation support providers.
- 3.1.4 Assign specific individuals to lead and support organizational changes to champion this work within organizations and share their name and contact information with the perinatal health equity coordinator and local and state coalitions.
- 3.1.5 Conduct a comprehensive analysis of internal operations to understand limitations to continuously protect, promote, support chest/breastfeeding, such as potential institutional mistrusts, and timing and locations of services offered.
- 3.1.6 Identify organizational actions for change to advance the continuum of care and incorporate breastfeeding goals into the organization's programmatic strategic plans and as part of quality improvement efforts.

Educate the Community.

Goal 4: Educate the communities initiating and maintaining human milk feeding.

Objective 4.1: Objective: Increase community awareness and support for human milk feeding.

Implementation Strategy: Support families in initiating and maintaining human milk feeding up to twenty-four months and beyond:

- 4.1.1 Educate parents and community partners about the importance of exclusive human milk feeding and the potential challenges associated with not feeding infants with human milk feeding.
- 4.1.2 Ensure families know how to access timely support and resources, express their milk, and obtain a breast pump when appropriate, to manage separation from their babies.
- 4.1.3 Work with local providers to ensure they are aware of resources that inform them about medication compatibility with human milk feeding.
- 4.1.4 Increase community awareness of human milk feeding by creating breastfeeding-friendly messages. Create environments that proactively promote, protect, and support chest/breastfeeding throughout the community where families live, work, play, worship, shop, travel, receive services, and raise children.

- 4.1.5 Provide proactive, consistent education and support by implementing both policy and workflow procedures that contain scheduled, mandatory touchpoints for breastfeeding education and/or support, which includes at least 4 encounters to continuously serve pregnant and postpartum families within the clinic. This number is based on a recommendation from the National Association of County and City Health Officials (NACCHO).
- 4.1.6 Develop a formal referral system for communicating families human milk feeding progress to staff as they move from hospital to community/public health programs.
- 4.1.7 Inform families of state and federal breastfeeding laws.
- 4.1.8 Develop social marketing campaigns in collaboration with community members and coalitions to normalize human milk feeding. Campaigns should display culturally responsive chest/breastfeeding images, ideally with pictures of real families from the community, share supportive educational messages, and promote lactation services around the organization's physical and virtual environments.

Increase Community Capacity and Training

Objective 4.2: Assess current support infrastructure and identify gaps and expand training opportunities for lactation support.

Implementation Strategy: Increase community capacity to provide consistent, tailored, evidence-based lactation education and support by regularly training all individuals who provide services to the family unit.

- 4.2.1 **Identify and Overcome Training Barriers:** Determine obstacles that prevent community members from accessing lactation support training, such as language barriers, cost, location, and schedule conflicts. Develop strategies to remove these barriers and make training more accessible.
- 4.2.2 **Expand Training Opportunities:** Increase access to a range of lactation support training programs, offering continuing education credits where applicable. These programs should cater to varying levels of expertise and include updates on the latest lactation practices and research.
- 4.2.3 **Annual Lactation Meeting:** Host an annual meeting for lactation professionals and perinatal community advocates. The purpose of this meeting is to unify messaging, share updates, and discuss emerging trends in lactation support.
- 4.2.4 **Collaboration with State-Level Entities:** Foster a partnership with the North Carolina Breastfeeding Coalition to align with state-wide lactation initiatives and resources.
- 4.2.5 **Train-the-Trainer Programs:** Develop and support 'Train-the-Trainer' programs to empower local leaders to provide lactation education within the community. This approach helps build a sustainable model for ongoing education and support.
- 4.2.6 **Incorporate Lactation Education in Health Training Programs:** Integrate lactation education into curricula for health-related vocational and technical programs, as well as higher education courses for health professionals, ensuring future practitioners are well-prepared.
- 4.2.7 **Career Pathways and Diversity in Lactation Support:** Enhance pathways for career advancement in lactation support, particularly for underrepresented groups such as Black, Indigenous, and People of Color (BIPOC) and LGBTQ+ individuals. This initiative aims to diversify the lactation workforce and ensure culturally competent care.

- 4.2.8 Unified Messaging and Resources:** Collaborate with peer organizations to standardize lactation support messages and educational materials, ensuring families receive consistent and accurate information regardless of the service provider.

Increase Access to Classes

Objective 4.3: Ensure accessible prenatal human milk feeding classes for expectant families.

Implementation Strategy: Collaborate with community partners to ensure access to human milk feeding classes for expectant families:

- 4.3.1 Identify available prenatal human milk feeding classes within the community.
- 4.3.2 Identify barriers to accessing classes for any/ all populations within the community such as language, cost, time, and location.
- 4.3.3 Work collaboratively with community partners/prenatal care providers to fill the gaps and eliminate the barriers.

Community Partnerships

Goal 5: Foster robust community partnerships to support and promote human milk feeding.

Objective 1.1: Enhance community engagement in developing breastfeeding support programs.

Implementation Strategy:

- 5.1.1 Implement family-friendly policies in all spaces pregnant and postpartum families usually are. Policy examples may include but are not limited to employee/student break time for expressing human milk, designation of spaces as lactation rooms, positive messaging, paid parental leave, flexible work schedules, and infant-at-work/school policies.
- 5.1.2 Develop a community engagement plan to continuously strengthen working relationships with partners and community members, to better plan and co-create, (or follow community's lead on) developing programs and services. Engagement should also include other influencers in the community, such as community leaders, cultural brokers, community health workers, organizers, service providers, employers, and other related experts of their community.
- 5.1.3 Establish/enhance **community partnerships** among organizations implementing health promotion programs to strategically leverage resources and lactation support expertise. Ensure partners' subject matter experts are included in planning meetings and workshops. Examples of enhanced community partnerships include:
- 5.1.4 Joint staff training, including multiple partners' staff to increase overall workforce capacity to promote and support breastfeeding.
- 5.1.5 Inclusion of breastfeeding education into chronic disease prevention and other public health curricula for staff and participants.
- 5.1.6 Engagement of interdisciplinary partners to collaborate in identifying community activities to advance the continuum of care in breastfeeding support within the

community, such as co-developing integrated educational materials, designating spaces for those who choose to pump or chest/breastfeed in private at community events, hosting health fairs and community baby showers.

- 5.1.7 Collaborate with breastfeeding/health coalitions and local/state health departments to develop designation and/or recognition programs to award lactation-supportive spaces, employers, and outpatient clinic settings. These programs should include technical assistance or coaching and focus on communities and sectors experiencing the greatest breastfeeding inequities. In addition, recognize and award whole communities that have achieved a multi-faceted, cross-sector approach to chest/breastfeeding.
- 5.1.8 Establish community donor human milk programs to increase access of pasteurized donor human milk and to facilitate the donation process (milk depots, outreach and collection centers, dispensary sites). Furthermore, assess the need and feasibility of implementing an independent, nonprofit human milk bank in the community.
- 5.1.9 Co-location or integration of lactation support within family health services, especially within prenatal and pediatric visits and social service appointments.
- 5.1.10 Integration of lactation support services into programs with mandatory attendance, such as the Maternal and Infant Home Visitation programs, early Head Start, and prenatal care programs such as Centering Pregnancy.

Objective 5.2: Increase Public Awareness and Education on the Benefits of Human Milk Feeding

Implementation Strategies:

- 5.2.1 5.1.11 Launch public awareness campaigns using various media platforms to educate the community about the benefits of human milk feeding for both infants and lactating parents. Campaigns could focus on the nutritional, immunological, and emotional benefits.
- 5.2.2 5.1.12 Partner with local media outlets, social media influencers, and community leaders to spread positive messages and scientifically backed information about breastfeeding and human milk feeding.
- 5.2.3 5.1.13 Organize community events and workshops that offer educational sessions on breastfeeding techniques, lactation support, and overcoming challenges related to breastfeeding.

Objective 5.3: Enhance Support for Diverse and Underrepresented Communities

Implementation Strategies:

- 5.3.1 5.1.14 Develop targeted outreach programs for communities that historically have lower breastfeeding rates, including racial and ethnic marginalized groups, low-income families, and non-English speaking populations.
- 5.3.2 5.1.15 Train community health workers and lactation consultants from diverse backgrounds to provide culturally and linguistically appropriate lactation support.
- 5.3.3 5.1.16 Establish mentorship programs where experienced breastfeeding individuals from similar cultural or socio-economic backgrounds can support new parents.

Objective 5.4: Strengthen Collaborative Efforts with Academia and the Community

Implementation Strategies:

- 5.4.1 **5.1.17** Conduct community-based research to identify barriers to breastfeeding and effective strategies to overcome these barriers.
- 5.4.2 **5.1.18** Partner with academic institutions to evaluate the impact of community interventions on breastfeeding rates and outcomes.
- 5.4.3 **5.1.19** Use data collected from community engagement and partnerships to advocate for policy changes at the local, state, and national levels that support breastfeeding families.

Objective 5.5: Objective 1.6: Foster Sustainable Environmental Practices in Support of Human Milk Feeding

Implementation Strategies:

- 5.5.1 **5.1.20** Promote the use of reusable breastfeeding supplies and support the reduction of waste associated with infant feeding.
- 5.5.2 **5.1.21** Collaborate with environmental organizations to highlight the ecological benefits of breastfeeding, including reduced reliance on formula production and packaging.
- 5.5.3 **5.1.22** Develop community initiatives that provide access to sustainable breastfeeding resources and support, such as lending libraries for breastfeeding equipment.

Breastfeeding Friendly Environment

Goal 6: Create a breastfeeding-friendly environment in public and private spaces within Durham County.

Objective 1.2: Promote breastfeeding acceptance and support through visible signs and policies.

Implementation Strategy:

- 6.1.1 In this section, we intentionally use the word breastfeeding to refer to the type of lactation in which the nipple is exposed rather than a discussion of human milk in a bottle, with the desired goal of families feeling comfortable breastfeeding in public with achieving the goal for families to feel comfortable breastfeeding in public.
- 6.1.2 Through community partners encourage local public places to provide a breastfeeding friendly environment for families:
- 6.1.3 Work with local public places such as libraries, places of worship, and community centers to provide a comfortable environment for breastfeeding. Encourage them to consider providing a private space for lactation.
- 6.1.4 Encourage private and public facilities to educate staff on acceptable vs. unacceptable behaviors and responses towards human milk feeding families.
- 6.1.5 Encourage private and public facilities to display signage identifying it as breastfeeding friendly.
- 6.1.6 Post breastfeeding “Welcome” signage in prominent positions (e.g., city operated parks, swimming pools).

- 6.1.7 Encourage facilities to post "Breastfeeding Welcome" seals/logos and language on websites, social media, and/or flyers.
- 6.1.8 Ensure that breastfeeding laws are supported by law-enforcement.

Businesses

Objective 6.2: Increase the number of breastfeeding-friendly businesses and organizations.

- 6.2.1 Select businesses each year to provide workplace lactation support training:
- 6.2.2 Discuss benefits of human milk feeding for the workplace.
- 6.2.3 Provide sample workplace human milk feeding policy.
- 6.2.4 Provide a list of minimum requirements of a lactation room.
- 6.2.5 Provide sample materials to be included in an employee human milk feeding packet.
- 6.2.6 Recognize local Human Milk Feeding Friendly worksites.

Childcare: Early Care and Education (ECE) Programs

Objective 6.3: Increase the number of breastfeeding-friendly childcare centers.

- 1.2.1 Provide training and resources to ECE programs.
- 6.3.1 Childcare plays an important support role as families transition back to work and could play a part in coordination of are/referral strategies. As of December 2023, according to the NC Division of Child Development and Early Education, there were 7694 children in ECE programs in Durham, of these 1447 are under 2 years of age. There were 147 licensed ECE programs in Durham.
https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/S/statistical_detail_report_december_2023.pdf?ver=tshq3WJDouEJgi9hZe0JsQ%3d%3d
- 6.3.2 Ensure access to breastfeeding, friendly childcare centers.
- 6.3.3 Evaluate the number of Durham certified breast-feeding, friendly childcare centers (starting measure)
- 6.3.4 Facilitate access to information and training for local early care and education (ECE) programs (centers and family childcare homes (FCCH)) on how to support human milk feeding families and fully implementing the CGBI's 10 steps to Breastfeeding Friendly Childcare and see Department of Health and Human Services Regulations for Childcare Providers.
- 6.3.5 Identify organizational capacity to host training.
- 6.3.6 Identify community partners/TA providers that childcare programs should reach out to for training.
- 6.3.7 Identify available training for childcare providers. Training should integrate key components from the '10 Steps to Breastfeeding Friendly Child Care' and ensure that these training sessions are provided both in-person and online to maximize accessibility.
- 6.3.8 Work collaboratively with community partners that support childcare to disseminate training and resources. There are technical assistance (TA) Consultants at Child Care Services Association, Durham's Partnership for Children, potentially the health department (DINE) and the Child Care Health Consultant (CCHC) and Infant/Toddler CCHC from the NC Child Care Health & Safety Resource Center, Families &

Communities Rising others that could help identify priorities and provide TA and training.

- 6.3.9 Recognize local Breastfeeding Friendly Childcare programs and support those programs that have not reached designation and encourage those who are working towards this goal.

Clinics

Objective 6.4: Goal: Enhance lactation support in healthcare clinics.

Objective 6.5: Increase the number of breastfeeding-friendly healthcare clinics.

- 1.2.2 Recognize clinics that effectively support breastfeeding.
- 6.5.1 Facilitate access to information and training for local health care clinics/offices (pediatricians, OB/GYNs, midwives, and family doctors) on how to support human milk feeding families:
- 6.5.2 Identify organizational capacity to host training.
- 6.5.3 Identify available training for health care providers in person and online.
- 6.5.4 Work collaboratively with healthcare associations for training and dissemination of resources.
- 6.5.5 Recognize local breastfeeding friendly health care clinics through community task force/coalition.

Culturally and Racially Diverse

Goal 7: Provide culturally and racially diverse lactation support to the Durham community.

Objective 7.1: Strengthen collaboration with culturally and racially diverse healthcare providers and lactation consultants to ensure comprehensive, culturally competent lactation support.

Implementation Strategies:

- 7.1.1 Identify and partner with healthcare facilities, clinics, and private practices that employ or collaborate with diverse providers and IBCLCs, focusing on those who have a proven track record of providing culturally competent care.
- 7.1.2 Develop a directory or network of diverse lactation support providers, including IBCLCs, lactation counselors, and peer support volunteers, to facilitate referrals and increase accessibility for families seeking lactation support that reflects their cultural and linguistic needs.
- 7.1.3 Sponsor scholarships or funding opportunities for individuals from underrepresented communities to become certified lactation consultants or counselors, addressing the gap in representation within the lactation support profession.
- 7.1.4 Organize regular community forums and workshops that bring together diverse lactation support providers to share best practices, discuss challenges, and collaborate on strategies to improve lactation support for all families in Durham County.

- 7.1.5 Encourage collaborative care models that integrate diverse lactation consultants into healthcare teams, ensuring that lactation support is seamlessly incorporated into prenatal, perinatal, and postnatal care.
- 7.1.6 Implement a mentorship program where experienced diverse providers mentor new lactation consultants and healthcare providers, fostering professional development and ensuring the continuity of culturally competent care practices.
- 7.1.7 Evaluate and continuously improve the cultural competence of lactation support services by gathering feedback from families, providers, and community partners, using this data to inform policy and practice changes.

Objective 7.2: To amplify the community's ability to provide uniform, personalized, evidence-based lactation, education, and support.

Implementation Strategy: This goal aims to ensure that all individuals involved in family care have access to regular training, thereby improving the quality and consistency of lactation support throughout Durham County.

- 7.2.1 Utilize a cultural humility (CH) approach and motivational interviewing techniques to learn about a family's culture, values, and needs and to fix provider-client power imbalances while building trust and authentic relationships.
- 7.2.2 Actively engage in training to understand and recognize one's own implicit biases to avoid prejudice and stereotyping. Individuals providing education and support to families should distinguish their personal infant feeding experiences from current research to ensure only evidence-based information is conveyed to families.
- 7.2.3 Include and engage other individuals within the family's support system, such as spouses, significant others, siblings, grandparents, and/or any self-identified family support person in screening, education, care planning, counseling, and other support services.
- 7.2.4 Incorporate a shared decision-making tool to help inform a plan for lactation care (like a birth plan), honoring families' preferences and values.
- 7.2.5 Integrate universal screening for social determinants of health that may impact infant feeding practices to identify families at-risk for suboptimal breastfeeding as part of routine prenatal and postpartum appointments. Collaborate with community partners to address subsequent factors through referrals to appropriate services.
- 7.2.6 Increase access to culturally congruent lactation care that matches families' needs and preferences, while also creating financially compensated opportunities for Black, Indigenous and other people of Color within High disparity rates (BIPOC), LGBTQ+, and other persons routinely underrepresented to lead, manage, and collaborate with community programs, develop lactation-related resources, deliver trainings, and other career advancement opportunities.
- 7.2.7 Encourage racially and ethnically diverse resources within the community:
- 7.2.8 Identify racial and socio-economic needs in the community.
- 7.2.9 Collaborate with community partners that offer diverse breastfeeding support to BIPOC communities.

Advocate for a Shared Breastfeeding Database System

Goal 8: Advocate for the establishment of a comprehensive and integrated breastfeeding database system in Durham County, through state-level action, to enhance public health initiatives and improve community health outcomes.

Objective 8.1: Advocate for Improved Data Tracking and Integration

Implementation Strategy

- 8.1.1** Lobby for the integration of human milk feeding data into statewide public health performance measures to enhance the accuracy, completeness, and accessibility of breastfeeding data.
- 8.1.2** Support the standardization of data indicators for breastfeeding surveillance at the state level to ensure consistent data collection and reporting.

Objective 8.2: Promote the Development of Comprehensive Data Sharing Agreements

Implementation Strategy:

- 8.2.1** Engage with state health departments and legal experts to develop and advocate for comprehensive Data Sharing Agreements (DSAs) that outline the responsibilities and rights of data users.
- 8.2.2** Encourage the state to review and improve existing data collection systems for better accessibility and functionality.

Objective 8.3: Facilitate Community and State Collaboration

Implementation Strategy:

- 8.3.1** Collaborate with state and local health departments, healthcare systems, and CBOs to advocate for a unified state-level approach to breastfeeding data tracking.
- 8.3.2** Advocate for the establishment of a statewide, bi-directional referral system to support seamless care transitions and enhance lactation support networks.

Objective 8.4: Strengthen Local Advocacy and Engagement

- 8.4.1** Strategy 1: Raise awareness among local stakeholders and the community about the importance of an integrated breastfeeding database system and the role of state action in achieving it.
- 8.4.2** Strategy 2: Mobilize community support for state-level initiatives to improve breastfeeding data tracking and utilization.

Objective 8.5: Advocate for Technology Utilization to Support Breastfeeding Initiatives

- 8.5.1** Strategy 1: Advocate at the state level for the use of electronic health records (EHRs), patient portals, and telehealth to improve breastfeeding care coordination and data sharing.
- 8.5.2** Strategy 2: Encourage the state to leverage technology for enhancing interprofessional communication and streamlining referrals across care providers.