

Advocates for
BEST MILK Practices:

Neonatal Therapists as Breastfeeding Champions

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NANT 14 Friday, April 12





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nationalperinatal.org/best-milk



DISCLOSURES

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OBJECTIVES

- Identify three best practices for optimizing lactation in the postpartum period
- List three examples of common health disparities/barriers that impact early and exclusive breastfeeding for high-risk dyads in the postpartum period
- Describe considerations for two special populations to engage as advocates for breastfeeding and use of human milk





How comfortable do you
feel discussing
breastfeeding practices
with your patient?



not
comfortable



VERY
COMFORTABLE

SCAN to
TAKE the
POLL



nationalperinatal.org/best-milk



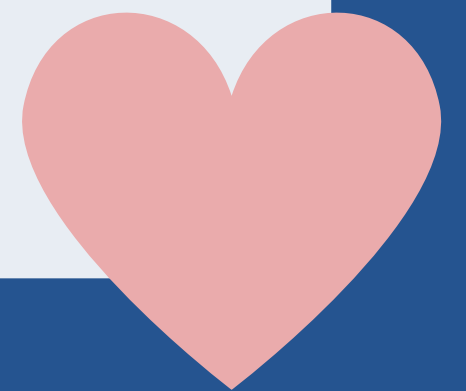


purpose of our **BEST MILK** project

1. Identify challenges, needs, barriers and goals extending from the prenatal period through infancy

2. Develop best practices for the promotion, support and achievement of optimal infant feeding

3. Address infant feeding best practices and challenges during the preconception, prenatal, intrapartum and postpartum periods



We authored **3** MANUSCRIPTS



Interdisciplinary
Guidelines and
Recommendations
for Promotion,
Support, and
Achievement of
Optimal Infant
Feeding in the
**Preconception
and Prenatal
Period**

**Intrapartum
Management**
to Improve
the Use of
Human Milk
and
Breastfeeding

Interdisciplinary
Guidelines and
Recommendations
for Promotion,
Support and
Achievement of
Optimal Infant
Feeding in the
**Postpartum
Period**

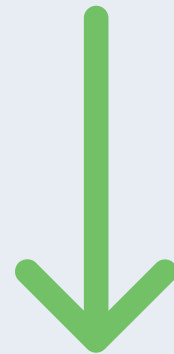


Health Benefits for the Dyad



Reduces the risk of:

- **inflammatory diseases**
allergies, asthma, eczema, diabetes, obesity
- **infections** **NEC**
- **infant mortality**
- **SUID**
Sudden Unexpected Infant Death
- **leukemia**

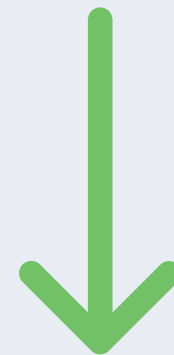


Improved neurodevelopment

undifferentiated stem cells

Reduces the risk of:

- **breast cancer**
- **ovarian cancer**
- **Type 2 diabetes**
- **cardiovascular disease**
- **high blood pressure**



shared IMMUNITY

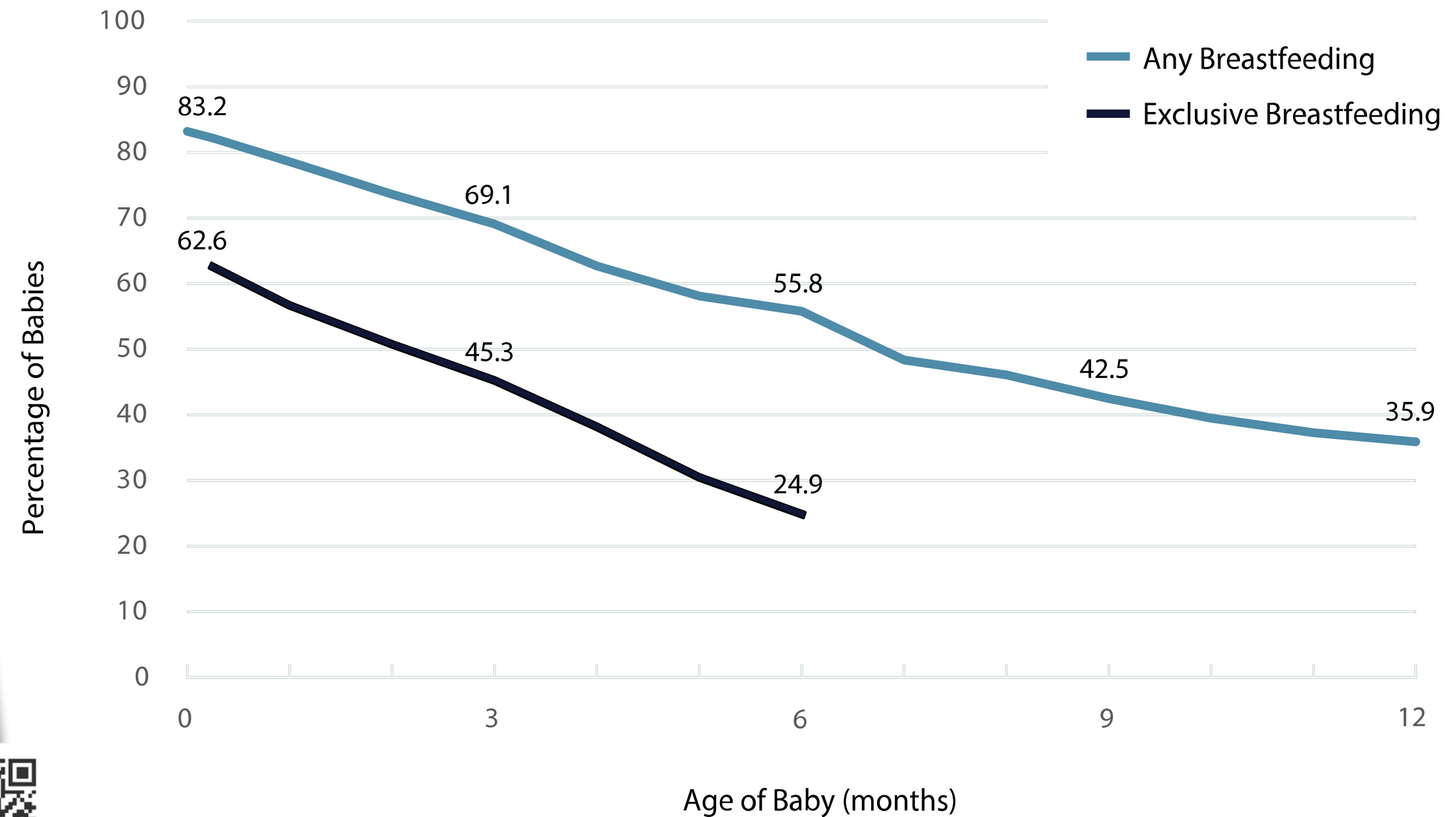


“baby’s first immunization”

nationalperinatal.org/best-milk



CDC Babies Receiving **Any** + **Exclusive** Breast Milk



nationalperinatal.org/best-milk

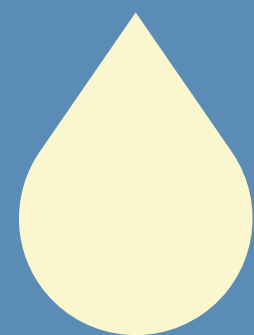


WHY? Why do our rates look like this?



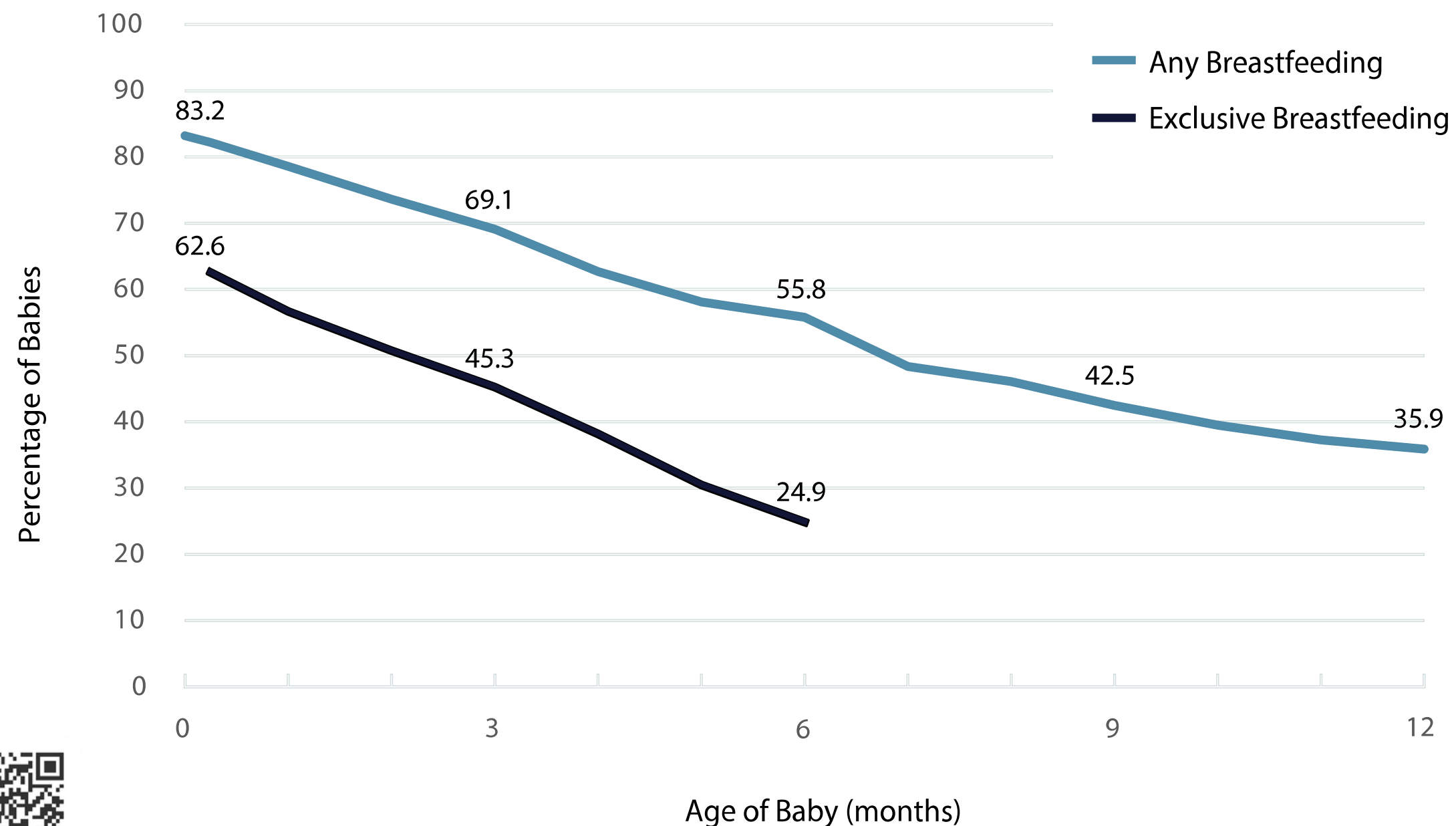
any breast milk

83% at birth
80% 1 month
56% 6 months



exclusive breast milk

63% at birth
60% 1 month
25% 6 months





Healthy People 2030



GOAL : Increase the proportion of infants who are breastfed exclusively through age 6 months

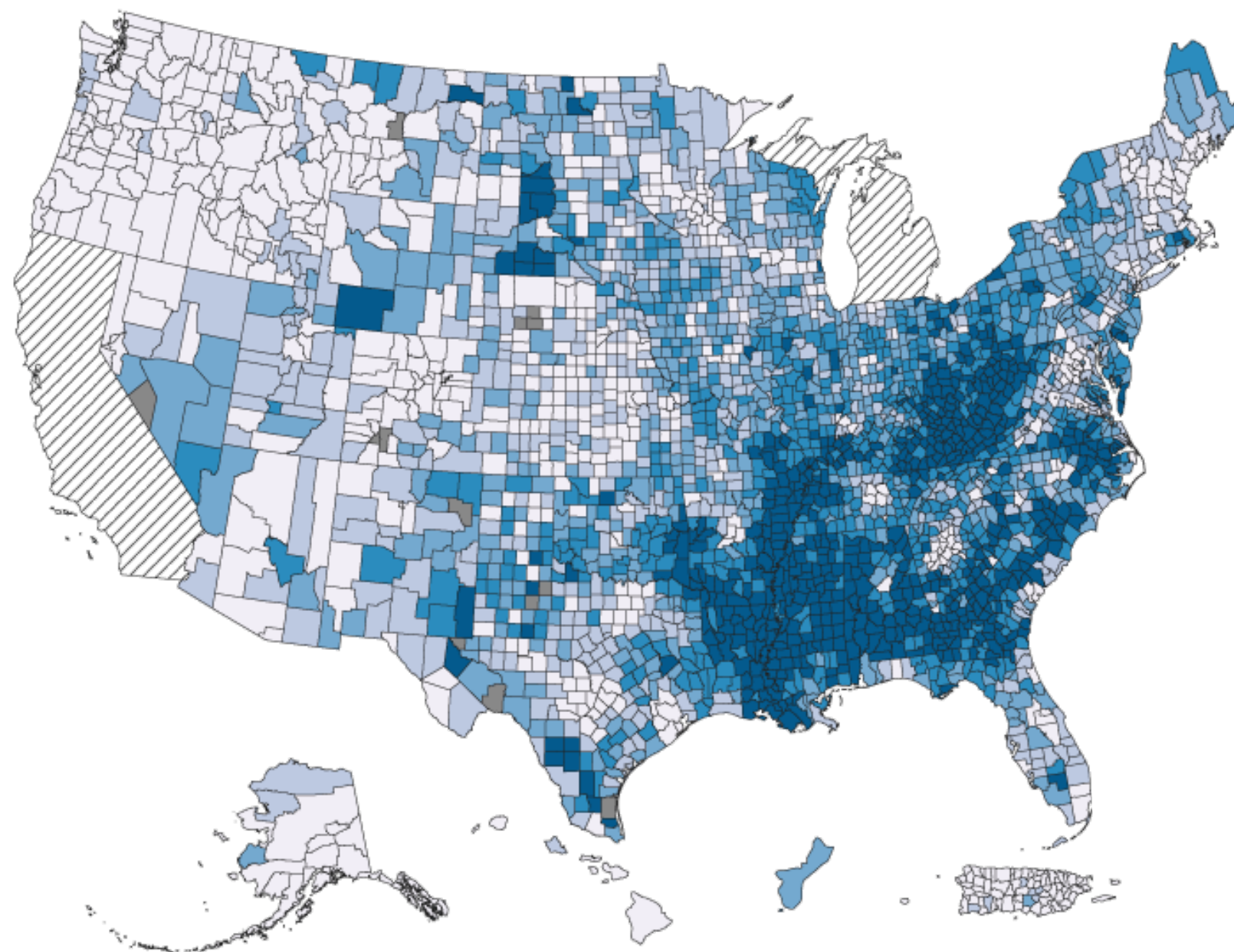
- Baseline Data: **24.9 percent** (2015)
- Most Recent Data: **25.4 percent** (2020)
- TARGET **42.4 percent**

Status: Little or no detectable change !!!

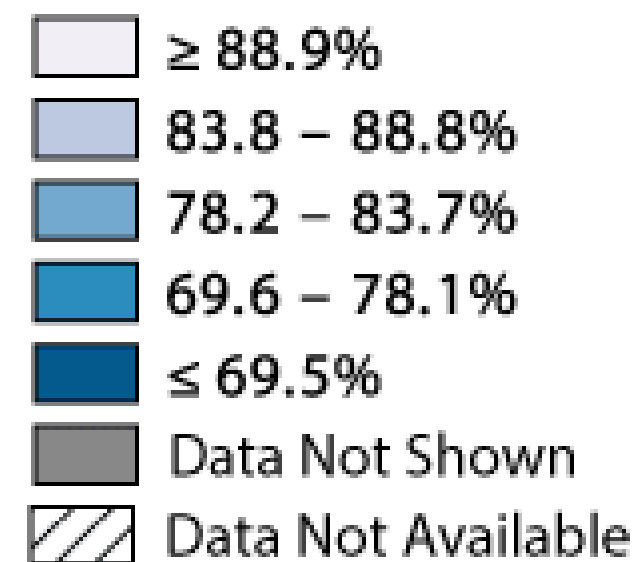


CDC Initiation Rates and Maps by County 2018-2019

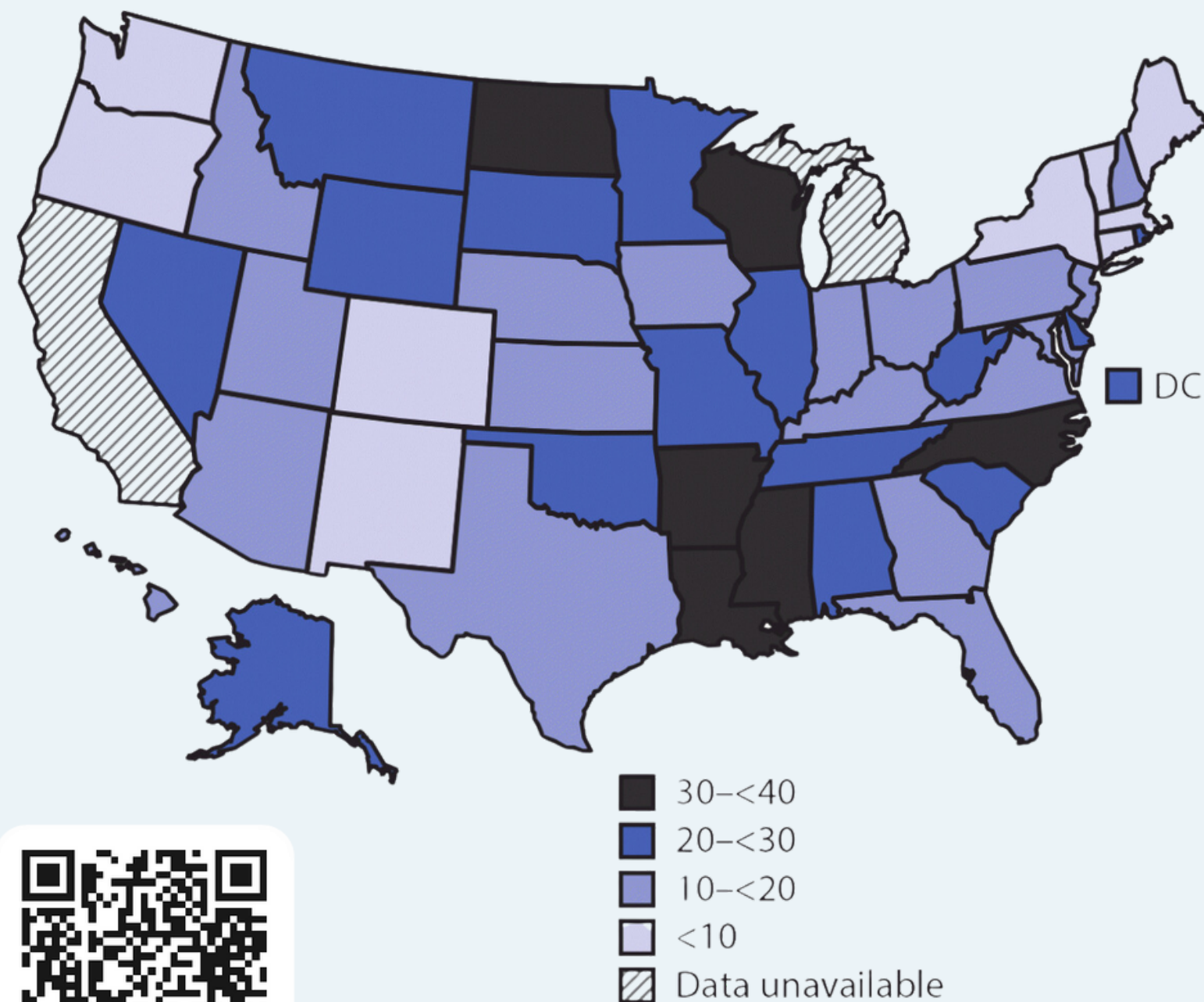
Where you live impacts your decision-making process.



Breastfeeding Initiation Rates



CDC Who gets support?



SOURCE: birth certificate data

Breastfeeding initiation is measured as a percentage.

Largest disparity in breastfeeding initiation between racial/ethnic groups is measured as a percentage difference.

“Because disparities are state-specific, efforts tailored to address each state’s disparities might be needed.”



WHY? Why do our rates look like this?

1

MATERNITY CARE PRACTICES THAT UNDERMINE BREASTFEEDING



2

LACK OF ACCESS TO EARLY CARE AND EDUCATION



3

LACK OF SUPPORTIVE POLICIES AND PRACTICES



4

“BACK TO WORK” POLICIES AND LIMITED PAID FAMILY LEAVE



5

LACK OF OUT-PATIENT AND COMMUNITY SUPPORT



BEST PRACTICES

1. Maternity Care and Intrapartum Care

GOAL

Zero separation - more Golden Hours, more skin-to-skin

GOAL

Fewer unnecessary medical interventions - fewer c-sections, fewer inductions, fewer IVs, less pitocin (Secretory Activation - i.e. Lactogenesis 2)

GOAL

More respect for the physiologic birth

GOAL

MORE COLOSTRUM - more stimulation of Secretory Activation

GOAL

Less routine supplementation of infants in hospital for non-medical indications



BEST PRACTICES

2. Access to Early Care and Education

GOAL

Prevent the decline of breastfeeding that occurs at 1-2 weeks postpartum

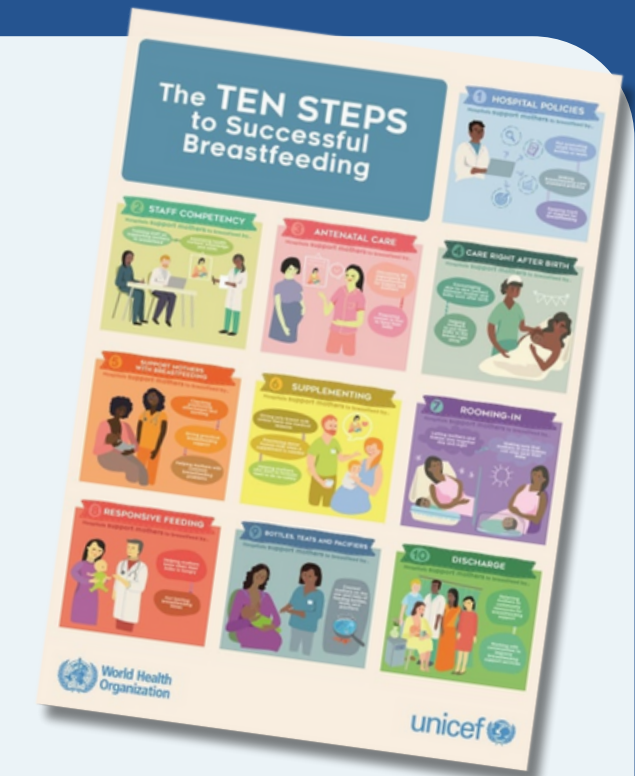


- confirm there is an **effective latch** prior to discharge
- confirm **effective milk removal** with pump and/or hand expression (IMPORTANT to establishing adequate supply)
- ensure post-discharge **follow up within 72 hr** with a practitioner who has lactation management skills
- ensure a **robust and timely referral network** for when problems arise (engorgement, nipple pain, perceived low supply, infant weight loss, jaundice)
- improve access to **pasteurized donor human milk (PDHM)**

BEST PRACTICES

3. Policies and practices that support optimal infant feeding and nutrition

- Establish institutional policies that support breastfeeding and use of human milk in hospital
 - Baby-Friendly Hospital Initiative
 - 10 Steps to Successful Breastfeeding
- Support federal and state increases to programs that promote breastfeeding and increase access to PDHM
 - US Breastfeeding Committee efforts to pass legislation
 - follow USBC's instagram @usbreastfeeding
 - Access to Donor Milk Act (ADMA)



BEST PRACTICES

4. Supportive back to work policies and universal Paid Family Leave (FMLA)

- Author, advocate for, and support legislation for **national paid family leave**
 - improves breastfeeding rates
 - improves health outcomes
- Expand the **PUMP Act** which provides federal protection to nearly 9 million women of childbearing age the right to time & space to pump during their workday
 - * Flight attendants and pilots were left out of this act, passed in 2022. The Air Pump Act would close this gap.



BEST PRACTICES

5. Outpatient and community support

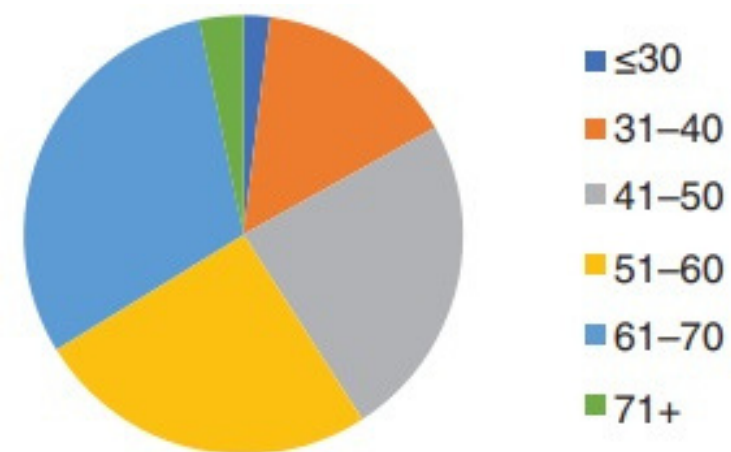
- Invest in a large, diverse community of **certified lactation specialists**
- Improve access to **outpatient lactation services**
- Mandate **100% coverage** by public & private insurance
- Improve the breastfeeding **education curricula** for **ALL HCPs**
- Promote **informed decision making** for every dyad
- **Collaborate with other HCPs** who support infant feeding choices



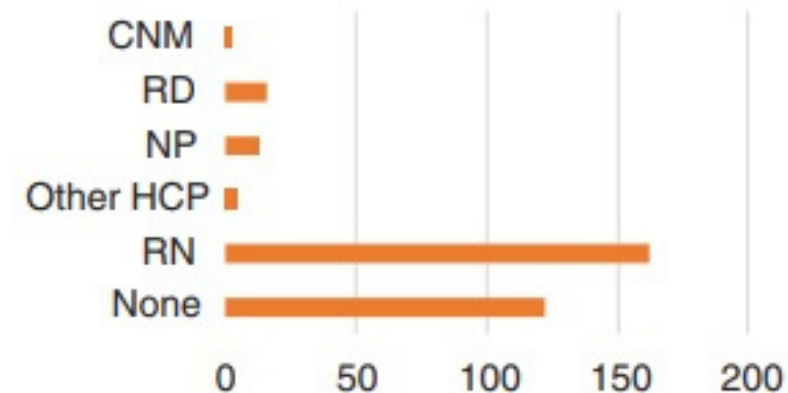
Who is providing lactation support?



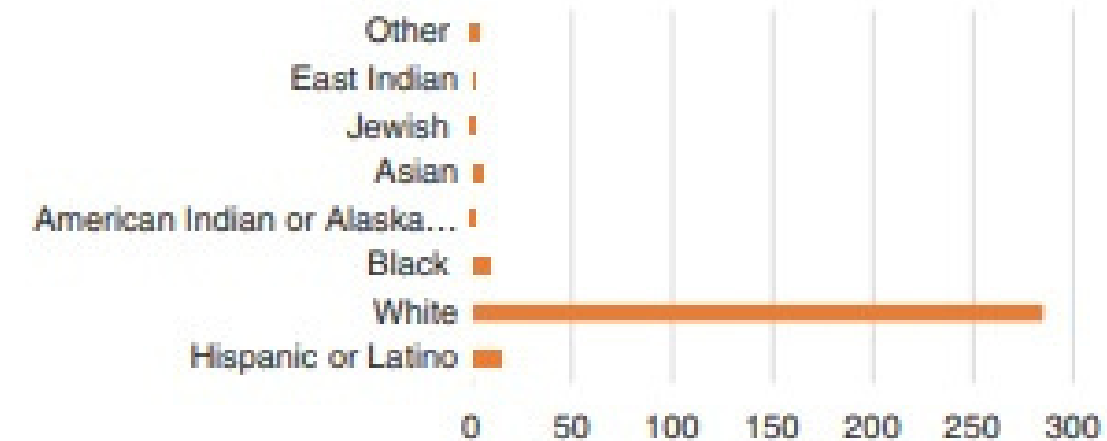
IBCLCs by Age



Supplemental
Credentials
IBCLCs



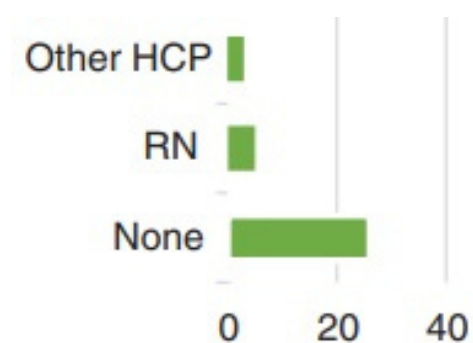
IBCLCs by Race and Ethnicity



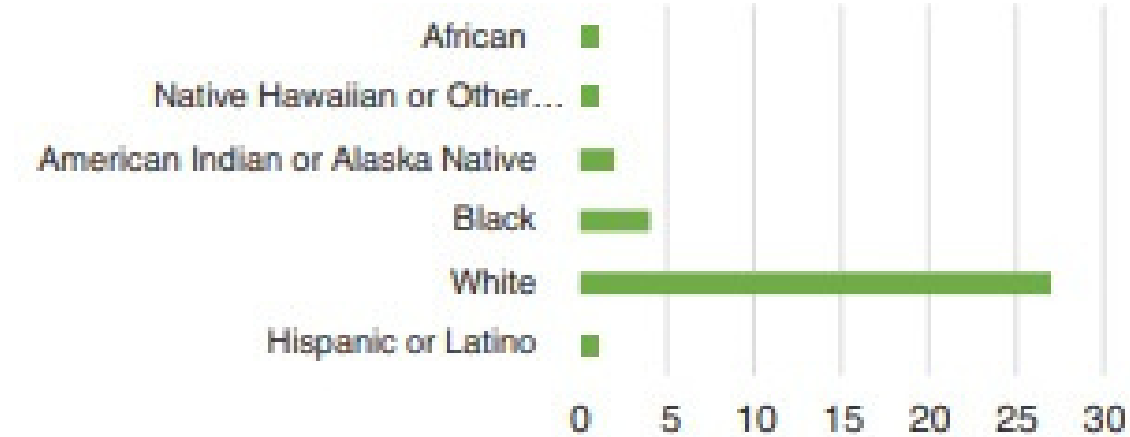
Non-IBCLCs by Age



Supplemental
Credentials
Non-IBCLCs



Non-IBCLCs by Race and Ethnicity



WHY US? Neonatal Therapists as Champions

We have unique perspectives and expertise



Nurturing



Flexible



Inclusive



Accountable



Empathetic



Proactive



ADDRESSING DISPARITIES

Breaking down the Barriers to Breastfeeding and Lactation Care

- What are our resources?
- What are our unmet needs?



BREAKING DOWN THE BARRIERS

Where do we need 'Best Practices' to have the greatest impact?

- early postpartum care
- **disparities in breastfeeding/chestfeeding rates and inequitable access to lactation care**
- challenges for premature and medically fragile infants
- post-discharge outpatient breastfeeding support: providers, public health initiatives and community interfaces
- infant feeding factors and accommodations
- **considerations for special populations**



Social Determinants of Health...

The costs of **racism, discrimination, inequitable care.**



It is often difficult to separate race and socioeconomic status, however, there have been several studies that have tried to control for these factors:

- income level
- employment
- health insurance type
- education
- geography

(Robinson, 2019; Aderibigbe, 2023; Mieso, 2021)



The costs of disparities in breastfeeding.



In 2014 dollars, the cost of not breastfeeding resulted in a **\$400 increase** in annual per capita medical costs *(Bartick, 2017)*

- increase in morbidity and mortality for infants & birthing parents
- missed work days and school days
- increase in costly health care utilization & hospital visits

contributing factors:

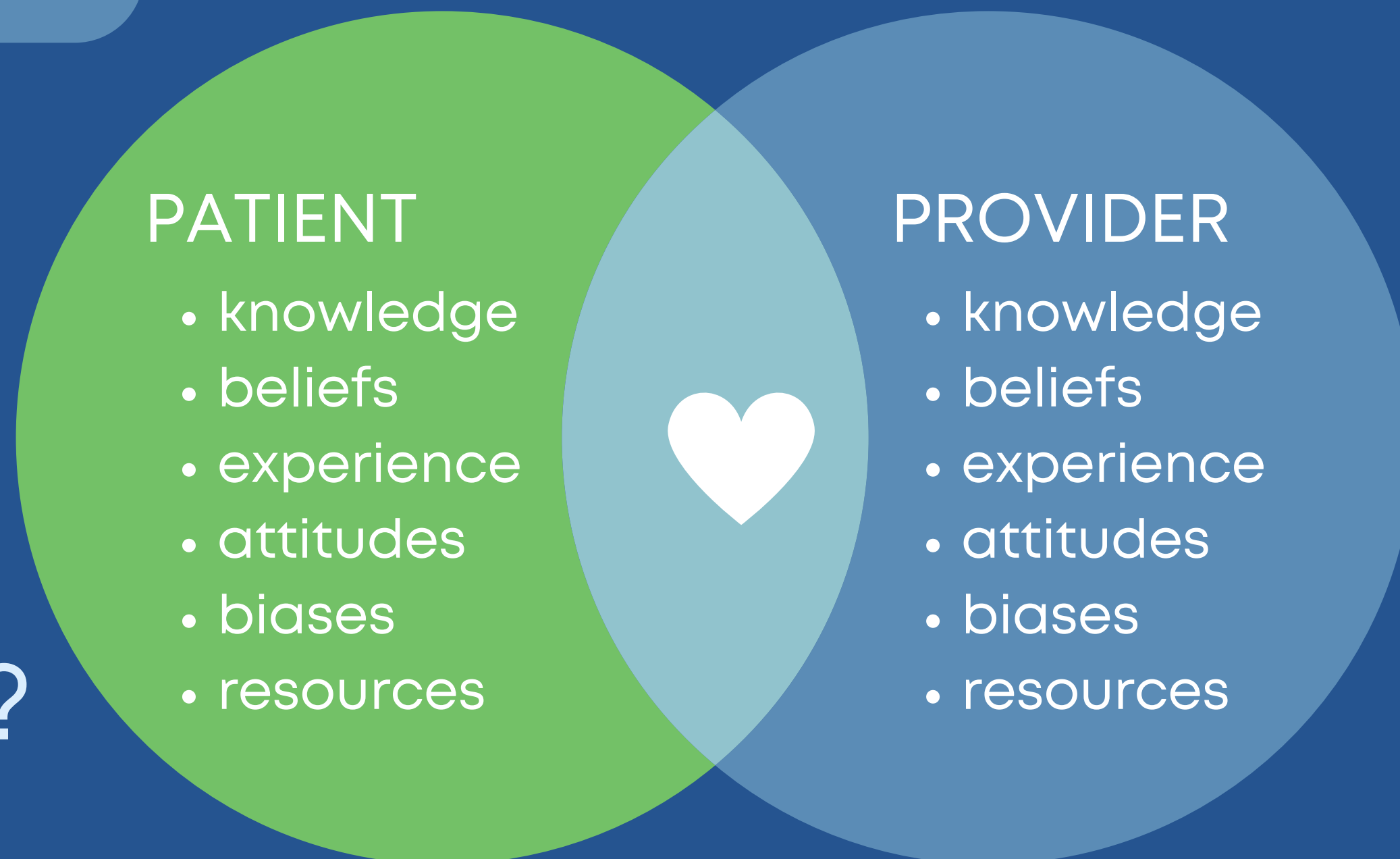
- race/racism
- education
- access to health care
- ethnicity
- socioeconomic status



ADDRESSING DISPARITIES

Access to Quality Health Care

Are families and providers engaging in shared decision-making?



ADDRESSING DISPARITIES

Shared decision making and informed consent

We need better access to high-quality education.

education for **FAMILIES** and **CAREGIVERS**:

- benefits of breastfeeding
- science of human milk
- risks of formula feeding
- common feeding difficulties
- infant feeding across the lifespan
- **RESOURCES** and **COMMUNITY SUPPORTS**



education for **HEALTH CARE PROVIDERS (HCPs)**:

- breastfeeding access
- best practices
- discussion surrounding optimal health
- infant feeding across the lifespan
- lactation care of common problems
- **RESOURCES**



ADDRESSING DISPARITIES

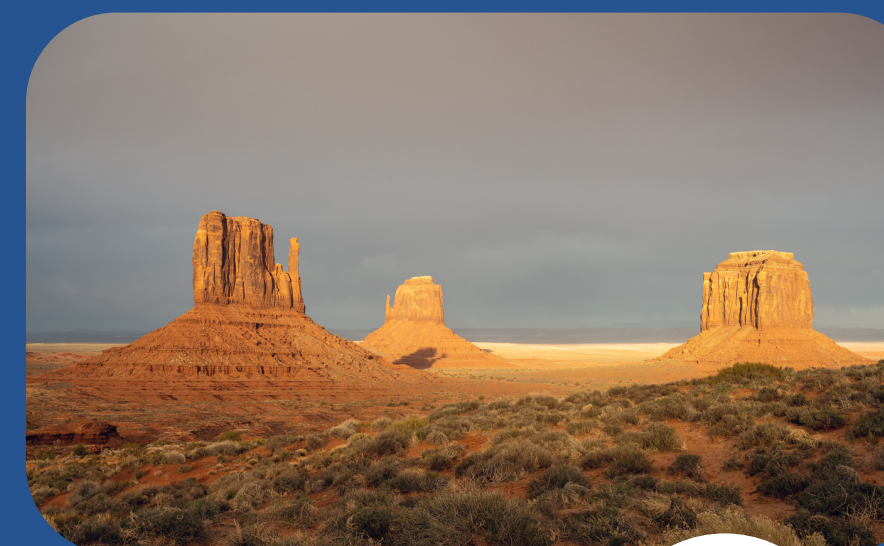
Access to Quality Health Care

What is available where you live?

Breastfeeding access and lactation care impacted by:

- geography and isolation
- lack of maternity services and providers
- lack of physical access to specialized care
- community support
 - culturally and linguistically appropriate education
 - local acceptance of public/private breastfeeding

(Radzyninski, 2016; Sinha, 2015; Fischer, 2014)



ADDRESSING DISPARITIES

Access to Quality Health Care

Local and community-specific resources and support are essential for the promotion and normalization of breastfeeding. *(Robinson, 2022; Green, 2021)*

★ From 2001-2011 there has been **25% +** increase in public breastfeeding approval.

*(Human S. Executive summary:
The Surgeon General's call to action to support breastfeeding, 2011)*

consider the **INFLUENCES:**

- racial disparities
- ethnic disparities
- cultural factors related to feeding
- culturally-responsive
- historical trauma
- equitable access to lactation support/resources
- community-based support
- culturally and linguistically appropriate education



Considerations for Special Populations

Do you know how to support these families?

- Swallowing disorders in the breastfed dyad ★
- 2SLGBTQIA+ Parents
- BIPOC Parents
- Parents Who Use Drugs
- Adoptive & Surrogate Parents
- Military Families
- Incarcerated Parents
- Infections/medical contraindications to breastfeeding



SWALLOWING Disorders in the Breastfeeding Dyad

Considerations for Special Populations

It's estimated that between 24-45% of normally developing children have some form of **dysphagia**.

(Lefton-Greif, 2008)

Approximately 80% of VLBW infants present with difficulty **swallowing and feeding**. *(O'Rourke, 2020)*

42% of preterm children, regardless of gestational age, experience **problematic feeding**. *(Pados, 2021)*



SWALLOWING Disorders in the Breastfed Dyad

Considerations for Special Populations

We can respond and intervene to support dyads:

- with **dysphagia** (penetration/aspiration) *(Graham, M. E., 2023)*
- with **craniofacial anomalies** and other medical diagnoses *(Green, et al, 2021)*
- by understanding **thickeners** and breastmilk feeding *(Hersh et al, 2022)*
- promoting **continuity** of care in the outpatient setting
- **ADVOCATING** for informed decision making and safe feeding recommendations



SWALLOWING Disorders in the Breastfed Dyad

Considerations for Special Populations

There are feeding interventions that we can provide to promote a safe breastfeeding relationship.

It is important to note neuroplasticity and motor-dependent learning in feeding/swallowing. *(Zimmerman et al, 2020)*

♥ Individualized, Family-Centered Care is Best Practice for this population.



SWALLOWING Disorders in the Breastfed Dyad

RESOURCES:

- Feeding Matters' Pediatric Feeding Disorder (PFD) Alliance [🔗](#)
- ARTICLE: Supporting Breastfeeding in Complex Pediatric Otolaryngology Dyads: Clinical Pathway With Illustrative Case Series [🔗](#)
- ARTICLE: Hard to Swallow: Developmental Biological Insights into Pediatric Dysphagia [🔗](#)
- ARTICLE: Aspiration does not mean the end of a breast-feeding relationship [🔗](#)
- FAMILY SUPPORT from FEEDING MATTERS: Thickening breast milk with Gelmix Infant Thickener - NEW Guides and Handouts [🔗](#)



2SLGBTQIA+ Parents & Families

Considerations for Special Populations

- Evidence shows that support from multiple professionals who are inclusive (and understanding of parental roles) normalizes human milk feeding and improves patient care outcomes.
- Lactation and pregnancy are viable processes that may not depend on sex assigned at birth.
- People of all genders can lactate - and there are lots of ways to build loving family units.
- Use of alternative or supportive feeding methods are important in this population.

(Jackson, 2022; Ferri, 2020)

The number of people who identify as part of this community is increasing...

Gen Z: 28%

Millennials: 16%

Generation X: 7%

Baby Boomers: 4%

Silent Generation: 4%



2SLGBTQIA+ Parents & Families

Considerations for Special Populations

Areas of Opportunity:

- education
- continuity of care
- parental engagement
- open communication

(Jackson, 2022)



2SLGBTQIA+ Parents & Families

RESOURCES:

- ABM Clinical Protocol #33: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients [🔗](#)
- La Leche League [🔗](#) Transgender & Non-binary Parents
- Trevor MacDonald is a lactation advocate and transgender dad who has written a book on chestfeeding [milkjunkies.net](#) [🔗](#)
- Univ. Rochester - Co-Lactation Infant Feeding Plan [🔗](#)
- Indian Health Service - Two-Spirit [🔗](#)



BIPOC Parents

Considerations for Special Populations

Breastfeeding rates among BIPOC communities are profoundly influenced by differences in access to resources and support - as well as a community's shared beliefs and values, culturally-defined roles, and shared history and trauma.

While the gaps for Asian, Hispanic, Native American, Alaskan Native compared to Whites are narrowing, the same is NOT true for non-Hispanic Blacks.

(Rabb, 2023; Mieso, 2021; Perrine, 2019; Robinson, 2019 ; Cricco-Lizza, 2006)

We NEED to

- Remove barriers and **increase the number of IBCLCs of color** through educational scholarship opportunities and mentoring
- Recognize the powerful effects of **peer counseling** and **native language speakers**... then promote programs targeted and tailored to specific communities



BIPOC Parents

Considerations for Special Populations

We NEED to:

- Support campaigns and **amplify** imagery and messaging created by BIPOC communities
- Partner with community-specific organizations during **Breastfeeding Awareness Month** each August:
 - Week 1 World Breastfeeding week
 - Week 2 Indigenous Milk Medicine Week
 - Week 3 Asian American, Native Hawaiian, and Pacific Islander Breastfeeding Week
 - Week 4 Black Breastfeeding week
 - Week 5 Workplace Lactation Week
 - Week 6 Semana de La Lactancia Latina



BIPOC Parents

Considerations for Special Populations

We need to ADVOCATE for public health and **public policy** changes:

- Expand WIC programs that promote and support breastfeeding
- Guarantee UNIVERSAL paid parental leave/paid family leave

Did you know?

Since 2014, every Indian Health Service (IHS) birthing hospital has become Baby Friendly certified, a crucial step in creating equitable change for this community.



mural at Oakland WIC Soni Lopez-Chavez



BIPOC Parents

RESOURCES:

- Reaching Our Sisters Everywhere (ROSE) [🔗](#) Normalizing Breastfeeding in Black Communities
- Black Mothers' Breastfeeding Association [🔗](#)
- It's only natural. Mother's love. Mother's milk. [🔗](#)
- Chocolate Milk Café [🔗](#)
- The Melanated Mammary Atlas® [🔗](#)
- The B.L.A.C.K. Course - **B**irth, **L**actation, **A**ccommodation, **C**ulture, **K**inship [🔗](#)
- Chocolate Milk Mommies [🔗](#)
- la Coalición de Lactancia Latina de Breastfeed Durham [🔗](#)
- La Leche League USA (LLL USA) - La Liga de la Leche [🔗](#)



BIPOC Parents

RESOURCES:

- Indigenous Milk Medicine Collective [🔗](#)
- First Nations Development Institute: Indigenous Breastfeeding, Birth Work, and First Foods [🔗](#)
- An Easy Guide to Breastfeeding for American Indian and Alaska Native Families [🔗](#)
- The Way of the Past is the Way of the Future; Promoting Breastfeeding Among First Nations Communities [🔗](#)
- ASI Alimentación Segura Infantil - Puerto Rico [🔗](#)
- Asian & Pacific Islander Breastfeeding Task Force (LA) [🔗](#)
- Asian American Native Hawaiian Pacific Islander Breastfeeding Week [🔗](#)
- Breastfeeding Hawaii [🔗](#)



Substance Use in the Breastfeeding Parent

Considerations for Special Populations

The rate of initiation and duration of breastfeeding in people with substance use disorder (SUD) is far below the general population.

In most instances, the benefits of breastfeeding/pumping outweigh the risks - especially when receiving treatment for SUD.

(Harris, 2023; Haight, 2018)

Care must be individualized for each family. _____

Perinatal Opioid Use and Misuse *(prescribed use and non-Rx use)* :

- 7% of women self-reported opioid use during pregnancy
- 1 in 5 reported misuse of prescription opioids

(Ko, 2019)



Parents Who Use MOUDs

Considerations for Special Populations

- AAP, ACOG, ABM, and ASAM all support and encourage breastfeeding in patients stable on medications for opioid use disorder (MOUD) without other contraindications
(Clark, 2019; ACOG, 2017; ASAM, 2017; Reece-Stremtan, 2015)
- MOUDs (methadone, buprenorphine, ie Subutex) transfer into breastmilk at low percentages and what does transfer has limited bioavailability
(consult the Drugs and Lactation Database - LactMed® for specific drugs, formulations, and routes of administration)



Parents Who Use Opioids

Considerations for Special Populations

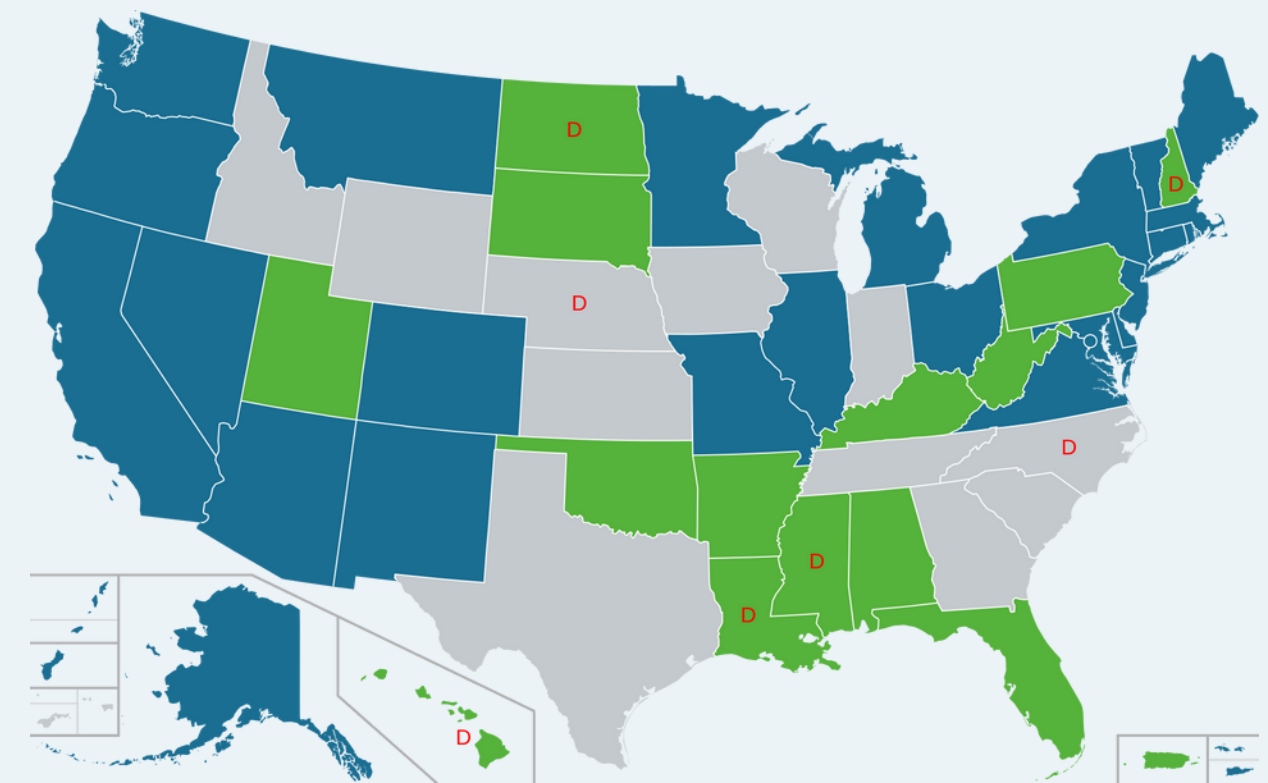
- 6 newborns/1000 were diagnosed with neonatal abstinence syndrome (NAS) in the USA, 2020 (CDC)
- First line method of managing neonatal opioid withdrawal syndrome (NOWS - formerly described as NAS) is “Eat, Sleep, Console”
- Breastfeeding decreases intensity and duration of NOWS, and is associated with shortened length of stay and less need for pharmacotherapy compared to formula feeding (Chu, 2022)



Parents Who Use Cannabis

Considerations for Special Populations

- 38/50 states legal for medical use vs. 24/50 legal for recreational use source: disa.com
- 7.7% of women self-reported use during pregnancy (National Survey of Drug Use & Health - NSDUH)
- hard to separate out effects of cannabis from breastfeeding vs use in pregnancy
(Lo, 2022; Macario, 2022; Ko, 2020)
- legalization and decriminalization do not stop child welfare investigations
(substance use = majority of reports)



Legality of cannabis in the United States

- Legal for recreational use
- Legal for medical use
- Illegal
- Decriminalized



Parents Who Use Cannabis

Considerations for Special Populations

- Understanding dosage is complicated and hard to control because relative dose varies significantly between products and by method of use *(Moss, 2021; Marchei, 2011)*
- The types and percentages of cannabinoids in products varies greatly. Some are advertised to have THC concentrations as high as 95% *(ElSohly, 2016)*

The bioavailability of THC when consumed by mouth is between 4-12% (Chayasirisobhon, 2020). The bioavailability for inhaled THC is between 10% and 35% (Chayasirisobhon, 2020).

The half-life of THC in human milk is ~ 1d in daily users (Baker, 2018).

- THC and its metabolites are highly lipophilic *(Josan, 2022; Perez-Reyes, 2018)*
Which means they bind to fats and continue to pass as fat is metabolized.
This results in positive drug tests for many weeks - long past any intoxicating effects.



Parents Who Use Cannabis

Considerations for Special Populations

- Studies with **conflicting data** on the effects of motor & mental performance scores in infants using the Bayley Scale of Infant Development
(Grant, 2020)
- Shared decision making between patient and HCP will help families **understand, consider**, and make **informed decisions** about:
 - their **frequency** of use
 - modes and **methods** of use
 - **legal** and **child welfare** considerations
 - **potential risks** - weighed in light of the **best available evidence**



Parents Who Use Alcohol

Considerations for Special Populations

- 14% of pregnant people reported currently drinking (CDC 2022)
- Use increases in the postpartum period with ranges of 36%-70% of birth parents self-reporting (Breslow, 2007)
- 1% to 5% of U.S. first graders diagnosed with a Fetal Alcohol Spectrum Disorder (FASD) (May, 2018)
- Alcohol (ethanol - ETOH) transfers readily into breastmilk, and levels can mirror maternal serum levels (Mennella, 1991)
- Children exposed to alcohol (ETOH) in both pregnancy & breastfeeding seem most affected (Popova, 2022)
- Some studies suggest that breastfeeding can mitigate the effects of FASD (Schaffer, 2023)



Parents Who Use Alcohol

Considerations for Special Populations

- Less clinical significance in infants exposed to alcohol through breastmilk in parents with low to moderate use, defined as up to one standard drink per day *(Little, 1989)*

Harm Reduction Strategies:

- Limit alcohol use to no more than 2 drinks at a time
- Eat food before (and while) consuming alcohol
- Wait at least 2 hours after drinking before directly breastfeeding/pumping to minimize infant's alcohol exposure
- Don't breastfeed while you are intoxicated

Red Solo Cup Measurements



Parents Who Use Drugs

RESOURCES:

- Academy of Breastfeeding Medicine Clinical Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder (Revised 2023) [🔗](#)
- Drugs and Lactation Database (LactMed®) [🔗](#)
- Pregnancy and Substance Use: A Harm Reduction Toolkit [🔗](#)
- “Time to Zero” - app to help calculate when alcohol is no longer present in breast milk [🔗](#)
- The Right to Mother's Milk: A Call for Social Justice That Encourages Breastfeeding for Women Receiving Medication-Assisted Treatment for Opioid Use Disorder [🔗](#)
- “Eat, Sleep, Console” reduces hospital stay and need for medication among opioid-exposed infants [🔗](#)



Adoption, Surrogacy, Induced Lactation, & Relactation

Considerations for Special Populations

Guiding Principles:

- Any amount of human milk is precious for a baby as it provides antibodies specific to the baby's environment, as well as nutrients specific to humans
- Interest in relactation surged during the pandemic and the commercial formula shortage in 2022
- Breast/chestfeeding promotes attachment between infant and parent which is IMPORTANT given the rate of postpartum depression among adoptive parents is 10-32%

(Postpartum Support International)



photo credit: NeoTech



Adoption, Surrogacy, Induced Lactation, & Relactation

Considerations for Special Populations

How to induce lactation:

(Cazorla-Ortiz , 2020; Ferri, 2020)

- Prime the breast tissue with hormones, mimicking pregnancy and Secretory Differentiation (i.e. Lactogenesis 1)
- Then pump 8 x day to initiate Secretory Activation (Lactogenesis 2)
- Use of alternative feeding methods: Tube feeds at breast, bottles, supplemental donor breast milk and/or formula
- Ideally start 3-6 months prior to birth, but shorted protocols are possible



Adoption, Surrogacy, Induced Lactation, & Relactation

RESOURCES:

- ABM Clinical Protocol #33: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients [🔗](#)
- book: Breastfeeding Without Birthing by Alyssa Schnell, MS, IBCLC [🔗](#)
- The Newman-Goldfarb Protocols for Induced Lactation: A Guide for Maximizing Breastmilk Production [🔗](#)
- La Leche League - Breastfeeding an Adopted Baby [🔗](#)
- La Leche League facebook group Inducing Lactation & Relactation [🔗](#)
- Univ. Rochester - Co-Lactation Infant Feeding Plan [🔗](#)



Military Families

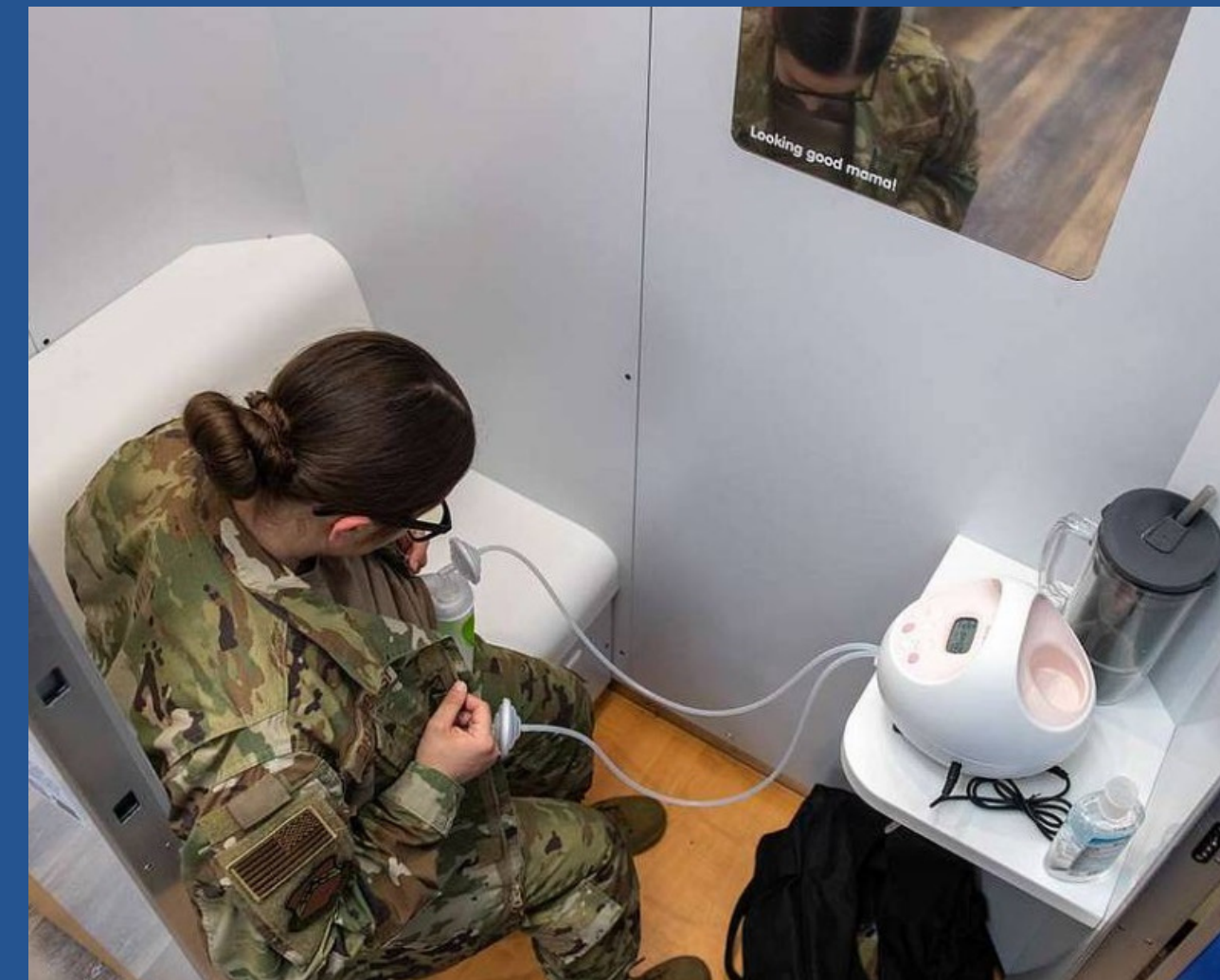
Considerations for Special Populations

While **all branches support pumping** in the workplace after returning to work, disparities exist between and within the branches (e.g. Army, Marine Corps, Navy, Air Force, Space Force and Coast Guard).

www.militarypumps.com 

Barriers include:

- financial constraints limiting access to extra food
- lack of access to infant supplies and breastfeeding equipment
- lack of access to specialty formulas for fortification



Military Families

Considerations for Special Populations

Further disparities are seen if a NICU stay is required, especially if families find themselves in a foreign country:

- inadequate equipment
- little to no lactation support
- language barriers
- isolation due to separation
- transportation barriers

Our Story. Global Military Lactation Community
globalmilcom.org/our-story

Navigating the “red tape” of the military systems requires a high level of education, health literacy and perseverance.



Military Families

RESOURCES:

- Mom2Mom Global/Breastfeeding in Combat Boots is a nonprofit, 501(c)(3) organization dedicated to breastfeeding peer support, education, and advocacy for military families [🔗](#)
- Military Lactation Counselor (MLC) Course [🔗](#)
- Exceptional Family Member Program (EFMP) [🔗](#)
- TRICARE Childbirth and Breastfeeding Support Demonstration (CBSD) [🔗](#)



Incarcerated Parents

Considerations for Special Populations

In the United States nearly 150,000 incarcerated mothers will spend today apart from their children.

58% of all women in U.S. prisons are mothers, as are 80% of women in jails, including many who are incarcerated awaiting trial simply because they can't afford bail

Prison Policy Initiative [↗](#)

Only 9 state prisons in the United States have Mother-Baby units

- California
- Illinois
- Indiana
- West Virginia
- New York
- Nebraska
- South Dakota
- Washington
- Ohio

Mothers Behind Bars - National Women's Law Center [↗](#)

Babies Behind Bars - Child Welfare League of America [↗](#)



Incarcerated Parents

How to support our incarcerated breastfeeding mothers:

- Allow for contact visits and opportunities for skin-to-skin
- Promote rooming in, if available at the facility
- Offer equipment for pumping and adequate milk storage

(Friedman, 2020)

- ♥ Release or use humanitarian parole to remove from detention individuals known to be pregnant, postpartum or nursing unless release is prohibited by law or exceptional circumstances exist. [🔗](#)



Source: United States Breastfeeding Committee



Incarcerated Parents

Resources:

- The National Commission on Correctional Health Care Breastfeeding in Correctional Settings (2023) [↗](#)
- Collaborative on Justice-Involved Women & Children (JIWC)'s Breastfeeding & Lactation Support for Incarcerated People in the U.S. [↗](#)
- Guide to Breastfeeding and Incarceration from Michigan Breastfeeding Network [↗](#)
- Increasing Access to Breastfeeding Resources for Mothers Who Are Incarcerated from the Association of State and Territorial Health Officials (ASTHO) [↗](#)



When there are INFECTIONS or MEDICAL CONTRAINDICATIONS to breastfeeding

Considerations for Special Populations

There are surprisingly few contraindications to breastfeeding/pumping... HIV+ is not one of them

- Human immunodeficiency virus (HIV) is **NO LONGER** considered a contraindication to breastfeeding.
- **LOW RISK** when you have an undetectable viral load when using antiretroviral therapy (ART)



When there are INFECTIONS or MEDICAL CONTRAINDICATIONS to breastfeeding

Considerations for Special Populations

Only a handful of specific medical conditions or infections are contraindications:

- galactosemia of the infant (*rare genetic metabolic disorder*)
- HIV+ when not undergoing ART and have a detectable viral load
- suspected or confirmed Ebola virus
- untreated TB (*tuberculosis*)
- acute stage of varicella (*chicken pox and shingles*)
- active HSV lesion on the nipple/areola complex (*herpes simplex virus*)
- mothers with diagnosed T-cell lymphotropic virus (*Type I or Type II human T-cell leukaemia*)
- some radiopharmaceuticals (*but most are ok*)
- brucellosis



When there are INFECTIONS or MEDICAL CONTRAINDICATIONS to breastfeeding

RESOURCES:

- InfantRisk at Texas Tech University Health Sciences Center [🔗](#)
- Drugs and Lactation Database (LactMed®) [🔗](#)
- Hale's Medications and Mother's Milk [🔗](#)
- HIV.gov: Infant Feeding for Individuals with HIV in the United States [🔗](#)
- CDC: Contraindications to Breastfeeding or Feeding Expressed Breast Milk to Infants [🔗](#)
- Human Milk Banking Association of North America (HMBANA) www.hmbana.org [🔗](#)



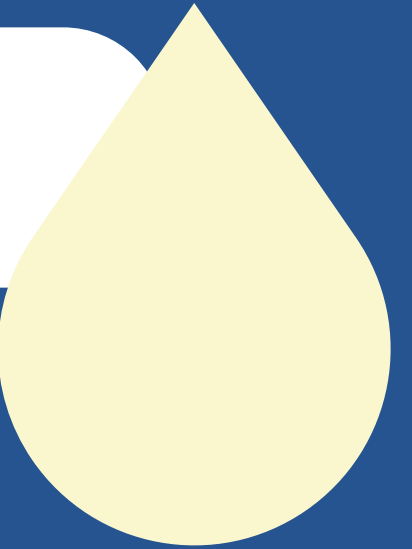
How to be a... **BREASTFEEDING CHAMPION**

NANT™ is the professional organization that serves neonatal OTs, PTs, and SLPs.

We aim to improve the quality of life and neurodevelopmental outcomes for babies who begin their lives in the neonatal intensive care unit (NICU) through the unique contributions of neonatal therapy.

Enthusiatically advocate for and support **INTERVENTIONS that WORK.**

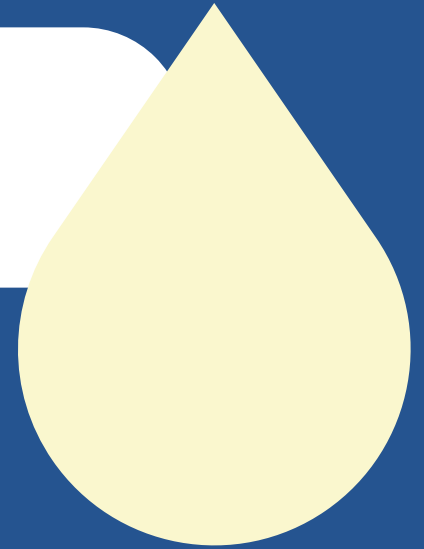
How to be a... **BREASTFEEDING CHAMPION**



Enthusiatically advocate for and support
INTERVENTIONS that **WORK** to:

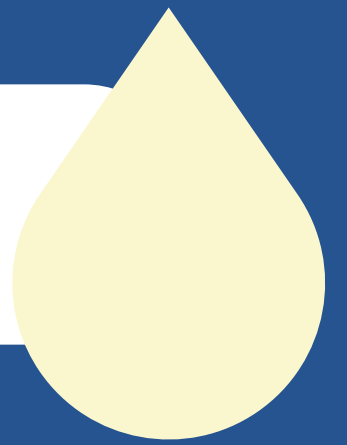
- Increase our community of BIPOC providers who break down deeply rooted cultural barriers
- Recognize the power of peer counselors and native speakers
- Develop targeted, tailored, community-specific programs
- Expand WIC breastfeeding promotion and support (large state-to-state variation)
- Guarantee UNIVERSAL paid parental leave/paid family leave

How to be a... **BREASTFEEDING CHAMPION**



- **KNOW THYSELF...** Acknowledge your own biases
 - If you don't know something → **ASK. DO the RESEARCH.**
 - Create an interdisciplinary network of providers
 - Know when and who to refer to for specialized support
 - Identify effective and equitable interventions
 - Provide culturally and linguistically appropriate education and service _____
-
- **Get connected with us**
 - www.nationalperinatal.org/membership
 - www.npaconference.org

How to be a... BREASTFEEDING CHAMPION



JOIN
US...



National Association of Neonatal Therapists®
supporting neonatal therapists and the babies they serve

NEONATAL THERAPY CORE SCOPE OF PRACTICE

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nationalperinatal.org/best-milk



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