



# **District of Columbia Lactation Commission 2018 Annual Report to the Mayor**

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The cover photo is courtesy of the United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS), Supplemental Nutrition Program for Women, Infants, and Children (WIC).

## Table of Contents

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Summary.....	1
A. Overview of the Lactation Commission.....	3
A.1 The Establishment.....	3
A.2 The Commission Structure.....	3
A.3 New Members and Reappointments .....	4
B. Breastfeeding in the District .....	7
B.1 A History of Breastfeeding Support in the District .....	7
B.1.a Community Support.....	7
B.1.b DC Legislation in Support of Breastfeeding and Lactation .....	8
B.2 Breastfeeding among Minority Women in the District.....	9
B.3 Barriers to Breastfeeding in the District.....	10
B.4 Current Breastfeeding Initiatives and Activities in the District .....	10
B.4.a Global Big Latch On.....	10
B.4.b Regional Mother Baby Summit - Collaborative Impact: Power in Policy.....	11
B.4.c NWA Black Breastfeeding Month Event .....	11
B.4.d Mary's Center .....	12
B.4.e Howard University Hospital.....	12
B.4.f Children's National Health System.....	13
B.4.g Unity Health Care .....	13
B.4.h Mayor Bowser's Maternal and Infant Health Summit.....	13
B.5 Recommendations from the Commission .....	13
C. Sub-Committee Reports .....	14
C.1 Breastfeeding Education and Library Sub-Committee .....	14
C.1.a Recommendations from Breastfeeding Education and Library Sub-Committee ....	14
C.2 Human Milk Bank Sub-Committee .....	15
C.2.a Recommendations from Human Milk Bank Sub-Committee .....	16
C.3 Lactation Support Services and Hotline Sub-Committee .....	16
C.3.a Landscape of Lactation Support Services in the District .....	16
C.3.b 2018 Survey of DC Lactation Support Services.....	20
C.3.c Billing and Reimbursement for Lactation Consultants .....	21
C.3.d Needs Assessment.....	22

C.3.e	Recommendations from Lactation Support Services and Hotline Sub-Committee	23
D.	Next Steps.....	24
Attachment A	Public Attendees and Special Presentations.....	25
Attachment B	Letter to Mayor on Maternal and Infant Summit .....	26
Attachment C	Letter to DCPL .....	27

## Acronyms

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AAP	American Academy of Pediatrics
BF USA	Breastfeeding USA
B.L.E.S.S	Breastfeeding, Lactation, Education, and Support Services
CACFP	Child and Adult Care Food Program
CDC	Centers for Disease Control and Prevention
CHAI	Child Health Advocacy Institute
CLC	Certified Lactation Counselor
DC	District of Columbia
DCBFC	District of Columbia Breastfeeding Coalition
DCHR	Department of Human Resources
DCPL	District of Columbia Public Library
DCPS	District of Columbia Public Schools
DHCF	Department of Health Care Finance
DHS	Department of Human Services
DMHHS	Deputy Mayor for Health and Human Services
FAAP	Fellow of American Academy of Pediatrics
FABM	Fellow of the Academy of Breastfeeding Medicine
FQHCs	Federally Qualified Health Centers
HMBANA	Human Milk Banking Association of North America
HUH	Howard University Hospital
IBCLC	International Board Certified Lactation Consultant
IBCLE	International Board of Lactation Consultant Examiners
LLL	La Leche League
OSSE	Office of the State Superintendent of Education
OWH	Office of Women's Health
MIECHV	Maternal Infant and Early Child Home Visiting Program
NACCHO	National Association of County and City Health Officials
NIS	National Immunization Survey
NPFB	Nutrition and Physical Fitness Bureau
NWA	National WIC Association
RN	Registered Nurse
RDN	Registered Dietitian Nutritionist
SFSP	Summer Food Service Program
US	United States of America
WHO	World Health Organization
WIC	Supplemental Nutrition Program for Women, Infants, and Children

## Summary

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From January 2018 to December 2018, the District of Columbia (DC) Lactation Commission (Commission) continued its review of current activities in support of breastfeeding and lactating mothers in the District. This report provides information about the Commission's existing structure and make-up of its members. It also aims to provide a brief overview of the current state of breastfeeding in the District including relevant research, related government initiatives, benefits and barriers to breastfeeding among minority women and teen mothers. The report provides a summary of the Commission's current activities along with recommendations to DC Health and the Mayor's Office. These recommendations include:

**Recommendation 1:** The Lactation Commission recommends that District agencies such as DC Health and OSSE should continue to support efforts promoting breastfeeding at the policy and systems level with lead organizations such as the DCBFC. The Lactation Commission further recommends that DC Health highlight and promote activities and events during Breastfeeding Month (August) in the District on its website.

**Recommendation 2:** The Lactation Commission recommends that the topic of breastfeeding be included in all high level discussions about perinatal health. The District boasts subject matter expertise that can add value to these types of conversations.

**Recommendation 3:** The Lactation Commission recommends that the DC Public Library (DCPL) updates its current collection of breastfeeding and lactation material.

The recommendation includes that DCPL:

- Allocate funds in its 2020 budget to cover costs associated with this task.
- Update any policies around collection development and obsolescing materials, including but not limited to printed and electronic media related to breastfeeding (this may necessitate distinguishing between references vs. materials kept for historical purposes).
- Coordinate breastfeeding collection with DCBFC and other stakeholders.

**Recommendation 4:** The Lactation Commission recommends that DC Health continues to provide updated information, resources, and education material on breastfeeding and lactation on its website. Because of the importance of breastfeeding and the impact of its absence, globally breastfeeding support initiatives are being validated by their integration into systems of federal, state, and local health promotion. A local coalition can interact with those systems, however, as in the cases of California and New York state, for example, similar resources that might constitute an online library are linked to state departments of health, which serve to endorse the propriety of health information. Such a library would be the repository of references to such agencies as the World Health Organization (WHO), CDC, HHS, evidenced based, scholarly, and policy related health information. For maintaining current content, DC Health may consider subscribing to the CDC's Web Content Syndication Services on Breastfeeding. For more information, read <https://www.cdc.gov/breastfeeding/resources/syndicated-content.html>.

**Recommendation 5:** The Lactation Commission recommends that DC Health request funds in its 2020 budget needed to complete a comprehensive needs assessment to determine if there is a need

for a HMBANA Milk Bank in the District. If a HMBANA Milk Bank is deemed necessary, the Commission recommends that DC Health identifies the best option for operation of a milk bank.

**Recommendation 6:** The Lactation Commission recommends that DC Health request funds in its 2020 budget to complete a formal needs assessment of the adequacy of lactation services in the District to serve the needs for all members of all wards.

The report from the assessment would include at the minimum:

- An estimate of breastfeeding rates by key regional and socio-economic indicators.
- A survey of members of each ward for their perceived needs and barriers.
- A survey of needs of the primary care clinics to appropriately meet the needs of their lactating patients.
- A survey of the needs of the hospitals to meet the needs of the lactating patients.

The results of the assessment will be used to identify gaps in services and to inform future program and budget planning.

**Recommendation 7:** The Lactation Commission recommends that more District and federal funds be made available to support the systematic implementation of breastfeeding-friendly practices in Federally Qualified Health Centers (FQHCs), FQHC look-alikes, and other primary care locations. This will include DC Health allocating additional funds in its annual budget in support of breastfeeding promotion and support. This may also include providing technical assistance (TA) to facilities to increase internal capacity so that they can request and receive financial support from public and private funders.

The first two weeks after birth is a critical time that determines the success or failure of helping the woman meet her breastfeeding goals. Therefore, the Commission recommends that the DC Health or another agency initiate and provide funding for a program to support the systematic implementation of breastfeeding-friendly practices in Federally Qualified Health Centers (FQHCs) and FQHC look-alikes. This program would provide such centers with funds and technical support to provide regular training to primary care providers and health center staff, provide targeted education to pregnant and breastfeeding mothers, develop breastfeeding policies, implement triage protocols, and more. Organizations such as DCBFC and others could apply to carry out a breastfeeding-friendly FQHC initiative. The Academy of Breastfeeding Medicine Clinical Protocol #14 “Breastfeeding-Friendly Physician’s Office: Optimizing Care for Infants and Children, Revised 2013” is a document that can help guide the development of such a program.<sup>1</sup> The objective of the program would be to fill the gap in providing breastfeeding support after the mother-baby dyad has been released from their birthing facility and provide longer term support well into the infant’s first year of life.

**Recommendation 8:** The Lactation Commission recommends that DC Health consider providing city-wide access to an existing public service or hotline such as Pacify, which is currently being rolled out through WIC.

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<sup>1</sup> [http://www.bfmed.org/Media/Files/Protocols/Protocol\\_14\\_revised\\_2013.pdf](http://www.bfmed.org/Media/Files/Protocols/Protocol_14_revised_2013.pdf).

## **A. Overview of the Lactation Commission**

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### **A.1 The Establishment**

The District of Columbia (DC) Lactation Commission (Commission) was established on December 19, 2017 by the authority of the DC Mayor. The establishment states the purpose and functions of the Commission are as follows:

The Commission shall make recommendations to the DC Mayor and DC Health regarding legislative, programmatic, and policy ways to improve the District's Devise strategies to reduce infant mortality and increase infant and child health outcomes through promotion, awareness, and support of breastfeeding and lactating mothers.

The Commission will produce an annual report of legislative, programmatic, and policy recommendations after examining issues germane to the purposes of the Commission, which shall include but not be limited to:

- Recommendations for a library of comprehensive and current breastfeeding and lactation educational material.
- Recommendations for a process to collect and store donated breastmilk.
- Provide outreach and education regarding the availability of donated breastmilk and the breastfeeding and lactation services available in the District.
- Guidance on the establishment and staffing of a breastfeeding support hotline.

### **A.2 The Commission Structure**

The Commission currently consists of sixteen (16) members made up of public and government representatives. All members were appointed by Mayor Muriel Bowser. The terms of office for members range from one to three years. Commission members are volunteers and do not receive a salary or an expense allowance. The Commission has elected a chair and currently meets once a month. All meetings are opened to the public. **Attachment A** provides a list of public attendees for 2018. Below is a list of the 2018 Commission:

Eleven (11) public members:

- Two Neonatologists or Pediatricians: Dr. Jennifer Tender and Dr. Sahira Long
- Two Social Service or Community Outreach Experts: Angela McClain (Chair) and Stephanie Sieswerda
- Two Public Health Experts: Dr. Amira Roess and Kanika Harris
- Two Persons with Background in Breastfeeding and Lactation Studies: Noelene Jeffers and Gwendolyn West
- One Obstetrician/Gynecologist: Dr. Stephanie Hack
- Two Consumer Members: Lauren Propst-Riddick and Christina Stowers



Five (5) DC Government representatives from the following agencies:

- DC Health: Emily Woody, Noni Robinson (Alternate)
- Department of Health Care Finance (DHCF): Colleen Sonosky
- Department of Human Services (DHS): Quamiece Harris
- Office of the State Superintendent of Education (OSSE): Suzanne Henley
- Department of Human Resources (DCHR): Tamika Cambridge

To respond to the establishment, the Commission members formed three sub-committees: 1) Breastfeeding Education and Library; 2) Human Milk Bank; and 3) Lactation Support Services and Hotline. Each sub-committee was tasked with assessing current legislation and policies, and existing programs to identify successful practices, areas for collaboration and consolidation, gaps, and resource needs.

The Commission used the “DC Healthy People 2020 Framework” – a report that has set goals, population-level health outcome objectives, and targets for the year 2020 and recommends evidence-based strategies to improve key health outcomes for the Districts residents, as a foundation for its work. Within this framework, improving the well-being of women, infants, and children is a key priority. As measurable objectives, the report includes 1) an increase in exclusive breastfeeding for the first six month of life (MICH - 3.1) and 2) an increase in breastfeeding support in maternity hospitals (MICH - 3.2). A recommended strategy to support these objectives is MICH-IV Increase the number of family-friendly work environments and the adoption of breastfeeding policies that provide adequate time and places for working mothers to breastfeed or pump.

### **A.3 New Members and Reappointments**

The Commission welcomed the following new members in 2018:



#### **Stephanie Sieswerda**

*Social Service or Community Outreach Expert*

Stephanie Sieswerda has been an active community breastfeeding coalition member for over eight years, and finds a particular interest in breastfeeding promotion and education. As an undergraduate at the University of Notre Dame, she spearheaded a project that taught high schoolers and undergraduates about the many benefits of breastfeeding for health and community. Stephanie currently serves as Outreach Director at the Breastfeeding Center for Greater Washington, where she seeks partnerships with other organizations in the District who protect, promote, and support breastfeeding. Stephanie is also the chair of the DC Breastfeeding Coalition's (DCBFC) Membership Committee and a member of their Board of Directors.



**Dr. Stephanie S. Hack, MD, MPH, FACOG**

*Obstetrician/Gynecologist*

Dr. Stephanie S. Hack is a Board Certified Obstetrician. Her interest in women's health began at a young age, and ever since she has been active in health education and promotion. After completing her undergraduate degree at the University of Virginia, she obtained both her Medical Degree and Master's in Public Health at Temple University with a focus in health education. Upon completion of her residency at MedStar Washington Hospital Center and Georgetown University Hospital she accepted a position with Kaiser Permanente to continue to serve the women of the District. In addition to patient care, she also enjoys gardening and records a women's health podcast.

**Suzanne Henley**

*Office of the State Superintendent of Education (OSSE)*

Suzanne Henley is the Early Childhood and Outside School Time Program Manager with the DC Office of the State Superintendent of Education. Her portfolio includes two federal nutrition programs – the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP), and Healthy Tots, a local program designed to support wellness in early childhood education facilities. For more than 10 years her work has been dedicated to increasing children's access to healthy food and wellness programming in educational settings. She has worked with the federal child nutrition programs from various angles including administering the SFSP through a Michigan food bank, applying for CACFP afterschool meals as an afterschool program leader with City Year and advocating for the programs while working at the local DC arm of the Food Research and Action Center.



**Tamika Cambridge**

*Department of Human Resources (DCHR)*

Tamika Cambridge is a Compliance Specialist with the DC Department of Human Resources. In this role, she leads the Audit and Special Investigations unit to ensure agencies' Human Resources policies and procedures are compliant with District of Columbia laws and regulations. As well, she is the Family Medical Leave Act Advisor for District agencies.

She is the mother of a bright and busy three-year-old son, whom she breastfed. Through this experience, she has become an advocate for breastfeeding and educates small groups on the challenges and benefits of breastfeeding. Tamika also co-facilitates a mom's small group at her local church that encourages women to connect, support, and inspire each other and share their parenting experiences.



Pictured to the left, Commissioners re-appointed this year include:

**Gwendolyn West**

*Person with Background in Breastfeeding and Lactation Studies*

Gwendolyn West is an International Board Certified Lactation Consultant (IBCLC) and Perinatal Educator. She provides direct services in clinical, public health, and private settings. Her work has earned recognition from the US Department of Health and Human

Services/ Office on Women's Health, the DC Supplemental Nutrition Program for Women, Infants and Children (WIC), the International Center for Traditional Childbirth, and Medela, Inc. She has participated in multiple boards, panels, research projects, and presentations at such institutions as Georgetown University, Carolina Global Breastfeeding Institute at the Gilling's School of Public Health, the New Jersey College of Medicine and Dentistry, University of Maryland, University of the District of Columbia, Office of the State Superintendent for Education, DCBFC, and Howard University Hospital (HUH). She is the mother of eight children, all of whom were breastfed.

**Dr. Jennifer Tender, MD, FAAP**

*Neonatologists or Pediatricians*

Dr. Jennifer Tender is a Board Certified Pediatrician. She is the Program Development Chair of DCBFC and the Breastfeeding Coordinator for the DC Chapter of the American Academy of Pediatrics (AAP). Her research interests include identifying barriers to breastfeeding among DC Health WIC clients and improving breastfeeding education for pediatric residents.

**Dr. Sahira A. Long, MD, IBCLC, FAAP, FABM**

*Neonatologists or Pediatricians*

Dr. Sahira Long is a Board Certified Pediatrician and Lactation Consultant, and a Fellow of the Academy of Breastfeeding Medicine (FABM). She is a graduate of the George Washington University School of Medicine, where she is an Associate Professor of Pediatrics. She is a Medical Director for Children's Health Center—Anacostia, a community-based pediatric medical home owned and operated by Children's National Health System in medically underserved Southeast Washington, DC. She directs the Children's National East of the River Lactation Support Center. Dr. Long has served as president of the DCBFC since its inception in 2004. She is a member of the Board of Directors for Reaching Our Sisters Everywhere and Academy of Breastfeeding Medicine. Dr. Long participated as a panelist during the US Surgeon General's Call to Action to Support Breastfeeding and is featured as an expert in the Office of Woman's Health (OWH) *It's Only Natural* campaign ([www.womenshealth.gov/itsonlynatural](http://www.womenshealth.gov/itsonlynatural)) to improve breastfeeding rates among African Americans.

The fourth person included in the photo is Dr. Stephanie Hack. Please see her biography above on page 4.

## **B. Breastfeeding in the District**

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### **B.1 A History of Breastfeeding Support in the District**

#### **B.1.a Community Support**

Modern organized community support for Washington DC's breastfeeding families began in the late 1960's with the establishment of DC's La Leche League (LLL). LLL of DC provides monthly mother-to-mother support meetings, offers individual help through phone calls, emails, and home visits. All help is free of charge. LLL Leaders are parents who have nursed their own babies for a year or more. Before becoming accredited LLL Leaders, mothers receive extensive training in lactation issues, the art of leading support meetings, and how to empathetically help mothers work through their challenges. All LLL Leaders are volunteers.

In 1980, the Georgetown Community Human Milk Bank was created. The National Capitol Lactation Center was started in 1986. Both were dissolved in 1997. During this same year, the Breastfeeding Center of Greater Washington, DC was established to provide free lactation classes and breastfeeding supplies. Its founder, Pat Shelly, RN, IBCLC, also offered in-home and in-office lactation consultations. Today, the Breastfeeding Center fosters a sense of community by offering a nursing lounge, a pumping room for moms in the area to drop by and use, breastfeeding classes and support groups, and one-on-one consultations in a cozy, private setting.

In 2003 Michal Young, MD and Gwendolyn West, IBCLC established The National Breastfeeding Support Center/B.L.E.S.S. Center (Breastfeeding, Lactation, Education, and Support Services) at HUH to provide free lactation support with a focus on serving WIC-eligible mothers. In 2003, the DC Breastfeeding Task Force was also formed as an Office of Women Health Community demonstration project with the goal of promoting the National Breastfeeding Awareness Campaign and creating a local breastfeeding resource guide. After these two goals were accomplished, the task force decided to continue the momentum and reorganize as the DC Breastfeeding Coalition which was established in 2004 and incorporated as a 501 C (3) organization in 2005.

The DCBFC identified decreasing the breastfeeding gap and the need to improve breastfeeding support within the District as its priorities. One of the DCBFC's goals was to improve breastfeeding support within its birthing facilities. The DCBFC instituted the DC Breastfeeding Friendly Hospital Initiative in 2008. This project evaluated all DC birthing facilities' support for breastfeeding on their websites and through their practices and policies. The DCBFC provided feedback to each birthing facilities and then re-evaluated them one year later. Facilities were awarded as the most breastfeeding friendly and the most improved. After MedStar Georgetown University Hospital was recognized as the most breastfeeding friendly, they decided to begin the process of becoming certified as Baby Friendly and were awarded this certification in 2012.

Other efforts were spearheaded to help DC facilities become certified as Baby Friendly. DCBFC created the one-year DC Perinatal Lactation Quality Care Collaborate where each facility's leaders

met quarterly to review evidence-based practices and learn from each other's successes and challenges. Two hospitals (HUH and Providence Hospital) enrolled in the CDC-funded Best Fed Beginnings Collaborative. Providence became certified (2016). In 2013, the DCBFC partnered with the DC Health on a Community Transformation Grant entitled "Creating a Baby-Friendly District of Columbia Initiative" through the DC Health's Community Health Administration. Funding was continued with a DC Health Title V Grant. The DCBFC provided financial and technical support, webinars, and training to three maternity centers to help them along the Baby-Friendly pathway.

DCBFC created the East of the River Lactation Center, uses the Pacify App for families, developed a biennial breastfeeding resource guide and the annual awarding of employers that support breastfeeding through the Breastfeeding-Friendly Workplace Awards. Children's National Health System supports a two-week breastfeeding elective for medical students. Today, DCBFC is also working to improve diversity among IBCLCs and Certified Lactation Counselors (CLCs) in Washington, DC which has one of the lowest IBCLCs/1000 live births nationally, by creating breastfeeding courses focused on certifying minority women.

Other breastfeeding promotion and community support efforts are summarized in **Section C.3** of this report.

### **B.1.b DC Legislation in Support of Breastfeeding and Lactation**

Over the years, the District government has demonstrated efforts to support women who breastfeed, infants, and children. The following three enacted laws are related to lactation support:

**L20-0121 - The Child's Right to Nurse Human Rights Amendment Act of 2007** makes it legal to breastfeed anywhere a woman has a right to be with her child in the District. It also states that "an employer shall provide reasonable daily unpaid break-time, as required by an employee so she may express breast milk for her child. An employer shall make reasonable efforts to provide a sanitary room or other location in close proximity to the work area, other than a bathroom or toilet stall, where an employee can express her breast milk in privacy and security.

**L22-0075 - Defending Access to Women's Health Care Services Amendment Act of 2017** includes a section related to lactation support and states that "an individual health plan or group health plan and health insurance through Medicaid of the DC Health Alliance program shall provide coverage for, and not impose any cost-sharing requirement on, women for...breast feeding support, services, and supplies."

**L21-0264 - Universal Paid Leave Act of 2015** establishes a paid leave system for all District residents and for workers who are employed in the District. It allows for up to eight weeks of paid family and medical leave and exempts federal government employees.

One act is under Congressional review, including:

**B22-0203 - Infant and Toddler Developmental Health Services Act of 2017 (now known as "Birth-to-Three for All DC Act of 2018."** The portions of this Act related to lactation support include provisions that requires the Office of the Deputy Mayor for Health and Human Services (DMHHS) to establish and lead a Healthy Steps Pediatric Primary Care Demonstration Program to implement Healthy Steps and provide lactation support services; requires DMHHS to coordinate with a higher education provider and lactation consultant preparatory course to establish a lactation certification preparatory program.

Three acts are currently under DC Council review, including:

**B22-0808 - Baby-Friendly Hospital Initiative Act** which would require general acute care hospitals and special hospitals that have a perinatal unit to adopt the "Ten Steps to Successful Breastfeeding" Initiative as adopted by Baby Friendly USA.

**B22-0758 - Better Access for Babies to Integrated Equitable Services Act of 2018** the sections related to lactation include devising strategies to increase promotion and support of breastfeeding and authorizing the Mayor to conduct a breastfeeding facilities survey of government offices and building and report annually.

**B22-0785 - Patient Centered Maternal Care Program Act of 2018** would require the entity selected by DHCF to increase early access and compliance with prenatal and pediatric care, refer mothers to WIC, and increase initiation and duration of breastfeeding among mothers in Wards 7 and 8.

## **B.2 Breastfeeding among Minority Women in the District**

The DC Healthy People 2020 Framework goal is to increase exclusive breastfeeding for the first 6 months of life to 21.2% and increase breastfeeding support in maternity hospitals (mPINC\* score) to 100% by 2020. According to the Centers for Disease Control and Prevention's (CDC) 2015 National Immunization Survey (NIS), 29.1% of infants in the District were exclusively breastfed for the first 6 months of life. While the District currently exceeds its DC Healthy People 2020 Framework goal and the US Surgeon General's Healthy People 2020 goal of 25.5%, there are significant racial disparities among Caucasian, Hispanic, and African-American women who breastfeed. Among the District infants completing the NIS from 2009-2011, this disparity was highest in those infants who were ever breastfed with rates of 96.6% in Caucasians, 80.9% in Hispanics, and 57.1% in African Americans. While the total percentage of infants who achieved the goal of exclusive breastfeeding for the first six months was 15.5% during the same time period, the rates were still disparate among the three races: 21.1% Caucasian, 14.2% Hispanic, and 11.5% African American infants. Because of this persistent gap, the Commission will focus on increasing breastfeeding support and services among African-American families in the District.

### **B.3 Barriers to Breastfeeding in the District**

According to the 2016 study, “Reasons for Infant Feeding Decisions in Low-Income Families in Washington, DC,” barriers affecting the decision of families to initiate or exclusive breastfeed include lack of outpatient professional support, pain, perceived insufficiency, and employment. The US Surgeon General noted that approximately 8.6 IBCLCs are needed per 1,000 live births to deliver adequate breastfeeding education and support.<sup>2</sup> The difficulty of access to appropriate care is compounded by a severe shortage of IBCLCs and CLCs in the DC area: 1.98 IBCLCs per 1,000 births, versus 3.79 IBCLCs nationally and 0.94 per 1,000 births, versus 4.57 CLCs nationally (NIS). In addition, research has shown that health care providers may have implicit bias against African American families. For example, African American infants nationally are nine times more likely to be given formula in the hospital than Caucasian infants.<sup>3</sup>

### **B.4 Current Breastfeeding Initiatives and Activities in the District**

The District is making great progress in breastfeeding. Several activities are currently underway to promote, support, and increase awareness in breastfeeding and lactation. These include:

#### **B.4.a Global Big Latch On**

In celebration of National Breastfeeding Month (August) and World Breastfeeding Week (August 1-7, 2018), DCBFC and DC Health hosted a Global Big Latch On Event at the Breastfeeding Center for Greater Washington on Saturday, August 4 from 10am-12pm. Global Big Latch On events take place at registered locations around the world, where people gather together to breastfeed and offer peer support to each other. Their friends, family, and community join this celebration to promote and support breastfeeding. Volunteers from within the community host each location. Hosting a Global Big Latch On event creates a lasting support network for the community. There were 72 people total at this event. The Global Big Latch On event included raffle drawings and a panel discussion with Adriana Logalbo from 1000 Days, Angela McClain and Dr. Jenny Tender from the Lactation Commission

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<sup>2</sup> US Department of Health and Human Services, 2011.

<sup>3</sup> McKinney CO, Hahn-Holbrook J, Chase-Lansdale PL, et al. Racial and ethnic differences in breastfeeding. [Pediatrics](#). 2016;138(2).



#### **B.4.b Regional Mother Baby Summit - Collaborative Impact: Power in Policy**



Picture: Sahira Long, MD, IBCLC, FAAP, FABM (left), Jennifer Nelson, MD, MPH (middle), Mudiwah Kadeshe, RN, LNC, IBCLC (right)

In celebration of Black Breastfeeding Week (August 25 – 31, 2018), DCBFC hosted a Mother-Baby Summit to provide thought and practice leaders from the Mid-Atlantic Region an opportunity to share best practices in breastfeeding care and support. To achieve this goal, emphasis was placed on the power in policy and how policies and procedures surrounding breastfeeding can be improved through collaboration with key stakeholders. The event was held on Wednesday, August 29, 2018 at the First Congregational United Church of Christ Conference Center in Washington, DC from 8am-4pm. There were 76 attendees at the event, including participants from states all over the Mid-Atlantic region (DC, MD, VA, NY, DE, and GA).

#### **B.4.c NWA Black Breastfeeding Month Event**

The National WIC Association (NWA) hosted a Black Breastfeeding Week Event on August 30, 2018, in Washington, DC. There were around 100 attendees (including children) at this panel discussion and an exhibit. The panel discussion touched on the health benefits of breastfeeding, the history of Black Breastfeeding Week, and personal breastfeeding stories. There was a fruitful discussion between the audience and the panelists, where audience members discussed their breastfeeding experiences, and encouraged other mothers with their breastfeeding journey.





Panelists included as pictured to the left:

- Christi Dorsey, MA, RDN, WIC Director, DC WIC
- Kayla Alexandria, Lifestyle Blogger and On-Air Talent, Moments N Melanin
- Isreal Jean Holland, Founder, BreastfeedingInColor
- Nikia Fuller-Sankofa, MPH, MPA, Breastfeeding Project Director, NACCHO
- Lanre Falusi, MD, FAAP, Pediatrician, Children's National Medical Center

#### **B.4.d Mary's Center**



As part of the World Breastfeeding Celebration for August 2018, the Mary's Center Beautiful Beginnings Breastfeeding Club organized an Ethiopian Coffee Ceremony for WIC participants. The coffee ceremony is usually held in Ethiopian and Eritrean homes during special events whenever family and friends gather. The breastfeeding celebration is a very special occasion to honor breastfeeding mothers and pregnant mothers interested in breastfeeding. The occasion gave participants who are pregnant and breastfeeding the opportunity to interact with other women and share their experiences with breastfeeding. Most of the mothers discussed how breastfeeding has been beneficial to their family. In Ethiopia, anticipation of a childbirth has a traditional birth ceremony associated which is an integral part of the social and cultural life. A nutrition lesson on the benefits of adding these cultural foods into the diet of breastfeeding mothers was discussed. Participants commented that seeing their ceremony highlighted made them feel welcomed in the program.

Pictured (left to right) are WIC participant Nefissa Redi Hasson, Breastfeeding Peer Counselor Faiza Hamza, Mary's Center WIC Director Akua Odi Boateng, Breastfeeding Peer Counselor Johana Campos, and long standing WIC volunteer Carol May

#### **B.4.e Howard University Hospital**

HUH WIC hosted a Breastfeeding Celebration "Lunch and Latch" on August 28, 2018. The celebration included giveaways, lunch, cake, and sharing of breastfeeding experiences. Breastfeeding professionals, Gwendolyn

West, IBCLC and Davene White, RN of HUH, shared their breastfeeding expertise with the group.

#### **B.4.f Children's National Health System**

Children's National Health System celebrated National Breastfeeding Month by promoting breastfeeding with customized bulletin boards and awarding participants with their breastfeeding accomplishments.



#### **B.4.g Unity Health Care**

The Unity Health Care WIC site at Upper Cardozo celebrated National Breastfeeding Month by having a special celebration at their monthly breastfeeding class. The class provided information about going back to work and pumping, how family members can support breastfeeding, and safe sleep practices. They also had time for sharing experiences. Breastfeeding Peer Counselors gave all of the attendees gifts for their infants/children.

#### **B.4.h Mayor Bowser's Maternal and Infant Health Summit**

On September 12, 2018, Mayor Bowser and DC Health held an inaugural *Maternal and Infant Health Summit*. Members of the Commission attended the summit and were concerned that the crucial role breastfeeding plays in improving perinatal health was not included on the agenda. A follow-up conference entitled *Improving Perinatal Health in the District* was held on October 23, 2018. During this follow-up conference, Dr. Nesbitt, DC Health Director acknowledged that breastfeeding was omitted at the inaugural summit, in part because organizations are already involved with improving the District's racial and economic breastfeeding disparities. The Commission acknowledges the important work being done to support breastfeeding in Washington, DC but also recognizes that many gaps in breastfeeding support and promotion persist, especially for low-income families. The Chair and public members of the Commission therefore signed onto a letter (see **Attachment B**) with several community organizations to strongly state that breastfeeding advocates need to be included in future summits and discussions about perinatal health.

### **B.5 Recommendations from the Commission**

While efforts are underway to promote, support, and increase awareness in breastfeeding and lactation in the District, the Commission recognizes critical gaps in communication and inclusion, and therefore makes the following recommendations:

**Recommendation 1:** The Lactation Commission recommends that District agencies such as DC Health and OSSE should continue to support efforts promoting breastfeeding at the policy and systems level with lead organizations such as the DCBFC. The Lactation Commission further recommends that DC Health highlight and promote activities and events during Breastfeeding Month (August) in the District on its website.

**Recommendation 2:** The Lactation Commission recommends that the topic of breastfeeding be included in all high level discussions about perinatal health. The District boasts subject matter expertise that can add value to these types of conversations.

## C. Sub-Committee Reports

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### C.1 Breastfeeding Education and Library Sub-Committee

Section 3(a)(2) of Bill -20-0410 Breast Milk Bank and Lactation Support Act of 2013 states that the Lactation Support Center shall “provide access to a library of comprehensive and current breastfeeding and lactation educational material.” The Commission’s Breastfeeding Education and Library Sub-Committee explored two options to provide access to breastfeeding educational materials, including 1) to utilize current resources available through the DC Public Library (DCPL) system and 2) to create a comprehensive online library.

DCPL currently has 71 published books and resources with a focus on breastfeeding and lactation. Many of these materials are outdated and/or may not cater to the diverse reader audience, such as individuals, families, communities, and health care providers. Through a scan of the materials, the Commission provided recommendations to DCPL for the removal of books, especially those that are >5 years old as the content might not be relevant. Commission members also provided suggestions for additional books, including foremost resources (books and lactation journals) for health care providers as there are currently no books for health care providers. (See **Attachment C**). Discussions are underway with DCPL on the possibility of purchasing these resources.

The Sub-Committee investigated creating a comprehensive online breastfeeding library. Members reviewed current online resources including the Academy of Breastfeeding Medicine, AAP, DCBFC, Lactation Education Resources, Office of Women’s Health, and US Breastfeeding Committee.<sup>4</sup> The Sub-Committee found these websites contain helpful educational information for medical providers and families and specific information for African American parents. Given the various resources available online, the Sub-Committee believes that it is critical to centralize information with the DC government. As such and during this year, the Sub-Committee worked closely with DC Health to update its websites containing information about support, resources, and services on breastfeeding.<sup>5</sup>

#### C.1.a Recommendations from Breastfeeding Education and Library Sub-Committee

Going forward, the Sub-Committee makes the following recommendations:

**Recommendation 3:** The Lactation Commission recommends that the DC Public Library (DCPL) updates its current collection of breastfeeding and lactation material.

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<sup>4</sup> Online resources included: DC Breastfeeding Coalition (<http://www.dcbfc.org/>), Lactation Education Resources (<https://www.lactationtraining.com/>), US Breastfeeding Committee (<http://www.usbreastfeeding.org/>), Academy of Breastfeeding Medicine (<https://www.bfmed.org/>), Office of Women’s Health (<https://www.womenshealth.gov/>), and American Academy of Pediatrics (<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/default.aspx>).

<sup>5</sup> DC Health websites on breastfeeding: <https://dchealth.dc.gov/service/breastfeeding-program>, <https://dchealth.dc.gov/service/breastfeeding-information-and-support-0>, and <https://dchealth.dc.gov/page/breastfeeding-workplace>.

The recommendation includes that DCPL:

- Allocate funds in its 2020 budget to cover costs associated with this task.
- Update any policies around collection development and obsolescing materials, including but not limited to printed and electronic media related to breastfeeding (this may necessitate distinguishing between references vs. materials kept for historical purposes).
- Coordinate breastfeeding collection with DCBFC and other stakeholders.

**Recommendation 4:** The Lactation Commission recommends that DC Health continues to provide updated information, resources, and education material on breastfeeding and lactation on its website. Because of the importance of breastfeeding and the impact of its absence, globally breastfeeding support initiatives are being validated by their integration into systems of federal, state, and local health promotion. A local coalition can interact with those systems, however, as in the cases of California and New York state, for example, similar resources that might constitute an online library are linked to state departments of health, which serve to endorse the propriety of health information. Such a library would be the repository of references to such agencies as the WHO, CDC, HHS, evidenced based, scholarly, and policy related health information. For maintaining current content, DC Health may consider subscribing to the CDC's Web Content Syndication Services on Breastfeeding. For more information, read <https://www.cdc.gov/breastfeeding/resources/syndicated-content.html>.

## **C.2 Human Milk Bank Sub-Committee**

The “Breastmilk Bank and Lactation Support Act of 2013” calls for establishment of a public breastmilk bank to “collect, process, and store donated breastmilk” (Section 3(a)(6); provide adequate information to mothers and potential qualified donors regarding the screening criteria for donors and criteria for determining whether an infant is qualified to receive donated breastmilk” Section 3(a)(7); and “provide qualified infants with access to qualified breastmilk donated to the Center and have the ability to assess documentation of medical necessity and other criteria by the Department of Health...” Section 3(a)(8). On December 17, 2017, the DC Council repealed the above act. While this repeal limits the Commission's efforts in establishing a public breastmilk bank in Washington, DC, the Commission still believes that research should be done to determine the necessity of a human milk bank.

The US Surgeon General and the Centers for Disease Control and Prevention, along with major professional healthcare organizations in the US recommend human milk feedings for babies. The optimal goal is for each child to be able to be breastfed. In instances where a bridge is needed for a lactating family to build a milk supply, feeding pasteurized milk that is donated by mothers who have been thoroughly screened can be a life saver. Other situations creating a need for local donor milk include children with rare illnesses who need ongoing doses of human milk to thrive. Overall, a lack of human milk has a large cost both financially and in loss of life and wellness.

There is an organization of affiliated nonprofit milk banks, HMBANA, which serves families by providing guidance for safe practices in collecting, screening and dispensing milk for infants with critical or chronic health conditions via 27 milk banks in the US and Canada. The need for milk often exceeds supply. Prior to their closure, Washington area hospitals were served by the milk bank at Georgetown University. Currently, the closest HMBANA milk bank to Washington, DC



is in Norfolk, Virginia. Hospitals in all of greater DC utilize frozen pasteurized donor milk to care for newborns and in neonatal intensive care daily. Access to local pasteurized milk is a critical part of infrastructure in emergency planning. When severe weather recently forced the temporary closure of two milk banks in the region, the District had no local resources to turn to. Shipments of milk can be disrupted with inclement weather as well as milk transported across the country overnight via FedEx.

Breastfeeding families desire to make a contribution here in the DC community. Due to the lack of formal donation options parents share milk informally. The District may require its own milk bank as a community resource to support families. Non-profit milk banking is not only an instrument to decrease persistent breastfeeding and health disparities; it creates a community of teamwork, giving and gratitude, building a healthy Washington, DC on many levels.

### **C.2.a Recommendations from Human Milk Bank Sub-Committee**

The Commission recommends the following regarding the establishment of a milk bank in the District:

**Recommendation 5:** The Lactation Commission recommends that DC Health request funds in its 2020 budget needed to complete a comprehensive needs assessment to determine if there is a need for a HMBANA Milk Bank in the District. If a HMBANA Milk Bank is deemed necessary, the Commission recommends that DC Health identifies the best option for operation of a milk bank.

## **C.3 Lactation Support Services and Hotline Sub-Committee**

The “Breast Milk Bank and Lactation Support Act of 2013” states that the Lactation Support Center will “provide outreach and education regarding the availability of ...breastfeeding and lactation services available in the District of Columbia...and on the establishment and staffing of a breastfeeding support hotline.” While the Commission has not established a center, the Lactation Support Services and Hotline Sub-Committee conducted a preliminary evaluation of 1) the landscape of lactation support services available in the city and 2) the state of billing and reimbursement for lactation services through Medicaid. The results of this preliminary evaluation and the Sub-Committee’s subsequent recommendations are outlined below.

### **C.3.a Landscape of Lactation Support Services in the District**

There are many lactation support services for the District residents but the depth, integration, and reach of these support services could be improved, particularly for the most underserved populations in the city. For a general overview of the landscape of breastfeeding support services, the Commission suggests that lactating individuals and healthcare providers use DCBFC’s DC Breastfeeding Resource Guide. The guide is a biennial directory and is currently available online.<sup>6</sup>

The Lactation Support Services and Hotline Sub-Committee also researched the breadth of services available in the city and found that they include the following:<sup>7</sup>

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<sup>6</sup> <http://www.dcbfc.org/pdfs/dcbguide2014-English-rev5-web.pdf>.

<sup>7</sup> This list is not intended to be exhaustive and may not including some services, including independent lactation consultants who provide lactation services.

**DC Government Based Support.** DC Government provides an array of lactation support services through various programs.

- *DC Medicaid:* Provides health care coverage for low-income adults and children. DC Medicaid includes select coverage for lactation and breastfeeding support and supplies.<sup>8</sup> Medicaid regulations allow for the provision of free breast pumps with the prescription of a healthcare provider to qualifying individuals.<sup>9</sup> For more information on the current status of reimbursement of lactation services under Medicaid, please go to **Section C.3.c Billing and Reimbursement for Lactation Consultants through DC Medicaid.**
- *Healthy Start:* Provides breastfeeding support to the District mothers both prenatally and postpartum. This support is provided both onsite and within the home, when needed. Onsite lactation consultants are available to meet with mothers during newborn appointments to provide education and any other support that may be needed. Some sites provide nursing bras, breast pumps, and breast pads. If the mother is enrolled in WIC, sites also encourage mothers to enroll in Pacify for virtual support when the nurse or lactation consultant is unavailable.
- *Maternal Infant and Early Child Home Visiting Program (MIECHV):* Offer trainings around breastfeeding to better support enrolled women who are pregnant or who have an infant or toddler. Home visitors discuss the benefits of breastfeeding during home visits. For those home visitors with the Healthy Families America program, information about breastfeeding is provided to families using the Growing Great Kids Curriculum Basic Care modules. Home visitors encourage participants to seek support from the WIC breastfeeding peer counselors or other lactation professionals to resolve challenges with breastfeeding. They also make referrals to those supports as necessary. Home visiting family assessment workers also provide new recruits and potential enrollees for home visiting with information about their rights regarding pumping milk in the workplace.
- *Help Me Grow:* Is a program for children, birth through five years of age, who are at-risk for developmental or behavioral problems. Family members, health care providers, and other community providers can call an information line to speak with a care coordinator regarding a child's development or behavior concerns. The care coordinators then work with each family to find the best community services available to meet their needs. The DC Help Me Grow hotline number is 1-800-MOMBABY. When a mother calls to ask for breastfeeding support, the Help Me Grow care coordinator refers the mother to the necessary breastfeeding resources.
- *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):* Provides trained breastfeeding personnel and breastfeeding classes to assist mothers in making informed decisions about their infant feeding choices. Breastfeeding peer counselors are available to provide basic breastfeeding support and counseling to WIC mothers. The WIC program also provides breastfeeding aids, such as manual and electric pumps, referrals to sources of these items, and a special food package designed to support the nutritional needs of mothers who feed only breastmilk to their babies. This food package includes fresh fruits and vegetables, as

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<sup>8</sup> <https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Transmittal%2014-21%20%28policy%29.pdf> and <https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=29-100&ChapterId=3490>.

<sup>9</sup> <https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Transmittal%2014-21%20%28policy%29.pdf> and <https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=29-100&ChapterId=3490>.

well as additional amounts of cheese, juice, peanut butter or dry beans, and canned fish. Referrals to lactation consultants and other resources are provided to WIC mothers with issues beyond the Peer Counselor scope of practice.

**Mom-to-Mom Support Services.** Mom-to-Mom lactation support is provided by women who have breastfed at least one infant and who have undergone training to provide breastfeeding support.

- *Breastfeeding USA:* Provides a network of accredited lactation counselors to provide peer support.<sup>10</sup>
- *La Leche League:* Provides peer support through local groups led by experienced breastfeeding mothers accredited as La Leche League Leaders. Annually, they present a lactation session for the University of the District of Columbia's "Nutrition and the Life Cycle" class, and quarterly they lead breastfeeding support sessions for the US Department of Transportation's Health and Wellness Program.<sup>11</sup>
- *Mocha Moms:* Offers support for women of color who are breastfeeding by providing local chapters that provide peer support.<sup>12</sup>

**Hospitals and Birthing Centers.** The hospitals and birthing centers offer varying breastfeeding support services.

- *Children's National Health System's East of the River Lactation Support Center:* This center began as a collaborative program between Children's National, DC WIC, and DCBFC. No longer housed under the Children's National WIC Program, the Center provides free prenatal breastfeeding education and postpartum lactation support services to any family in need of service with lactation peer educators located within two of the Children's National's Children's Health Centers in NW and SE DC.<sup>13</sup>
- *Community of Hope Family Health and Birth Center:* Provides a lactation consultant for prenatal breastfeeding education and one-on-one lactation support after birth. Services include clinical consults as well as home and hospital visits. Services are available to women who received prenatal care at the center.
- *Howard University Hospital Breastfeeding Lactation Education Support Services (BLESS):* Provides access to breastfeeding support and education for women in the District. BLESS serves women who have delivered at HUH, and who receive WIC services at HUH, United Medical Center, Unity at Minnesota Avenue, or at the Air Force base. BLESS also serves anyone referred to the program providing breastfeeding education, hands on support, assessment, and counseling. Breastfeeding families can be referred from other providers across the city for help with breastfeeding challenges. B.L.E.S.S. provides childbirth education and ensures that the standard childbirth education curriculum include information about breastfeeding support and nutrition education at each session.
- To date, three of the birthing facilities in the District have achieved Baby-Friendly™ designation: *MedStar Georgetown University Hospital, Providence Health System, and MedStar Washington Hospital Center.* As of October 2017, United Medical Center and

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<sup>10</sup> <https://breastfeedingusa.org/content/washington-dc-chapter>.

<sup>11</sup> <http://www.llofmd-de-dc.org/>.

<sup>12</sup> <http://www.mochamoms.org/>.

<sup>13</sup> <https://childrensnational.org/choose-childrens/deciding-on-care/support-for-families/lactation-services>.

Providence Health System are no longer providing obstetric care. Two other birthing facilities are currently enrolled in the Baby-Friendly 4-D Pathway and pursuing designation.

- *George Washington University Hospital*: Provides lactation consultants for inpatient mothers who desires breastfeeding support.
- *Sibley Memorial Hospital*: Offers breastfeeding education classes, breast pump sales and rentals for patients of the hospital, and outpatient visits with a lactation consultant. Inpatient mothers can also receive lactation support and classes from lactation consultants and breastfeeding educators.

**Private Pediatrician Offices.** Private pediatricians care for infants, children, and adolescents. Some private pediatrician offices include trained lactation support professionals.

- *Federally Qualified Health Centers (FQHCs)*: FQHCs are community-based health care centers that provide a wide array of health care services, which may include breastfeeding support. Breastfeeding support provided by FQHCs appears to be minimal but more in-depth research is needed to fully assess this arena.
- *Unity Health Care*: An FQHC that implements a monthly breastfeeding support group at their Anacostia Health Center.
- *Mary's Center*: Through the Home Visiting Breastfeeding Grant, Mary's Center and WIC coordinate to provide breastfeeding peer counselors to visit participants at home and give hands on breastfeeding support.

**Non-Profit Organizations.** Some non-profit organizations are dedicated completely or in part to providing women with breastfeeding support.

- *1000 Days*: Works to improve nutrition and ensure women and children have the healthiest first 1,000 days.<sup>14</sup>
- *Breastfeedingincolor*: Provides support and breastfeeding supplies to improve the breastfeeding rates among Black American mothers in the District.<sup>15</sup>
- *Breastfeeding Center Outreach for Greater Washington*: Provides one-on-one and group breastfeeding counseling, classes, and education for people who qualify.<sup>16</sup>
- *DC Breastfeeding Coalition (DCBFC)*: Works to increase the number of mothers who breastfeed in the early postpartum period, and to promote continued breastfeeding for at least one year or beyond. Through its breastfeeding research, advocacy and educational activities, the DCBFC seeks to reduce health disparities – particularly among the most vulnerable infants and children living in the District. Two notable initiatives of DCBFC include:

Breastfeeding and Baby-Friendly Initiative: Funded by DC Health and implemented by DCBFC, this is a global program, launched by the World Health Organization and the United Nations Children's Fund, to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding.

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<sup>14</sup> <https://thousanddays.org/>.

<sup>15</sup> <http://www.breastfeedingincolor.com/>.

<sup>16</sup> <http://breastfeedingcenter.org/>.



Breastfeeding Workplace Awards: Organized by DCBFC and the Maryland Breastfeeding Coalition, this award is given to the District and Maryland areas businesses and health care provider offers that are committed to supporting breastfeeding in the workplace.

- *Mamatoto Village*: Is a non-profit maternity support organization that provides lactation consultants and breastfeeding counselors to the women they serve.<sup>17</sup>

**Hotlines.** Breastfeeding support hotlines are telephone numbers that breastfeeding mothers may call for help with immediate problems. They may be staffed by trained peer counselors, health care providers, or certified lactation counselors. Some of the District's hospitals and non-profits have hotlines for their patients. However, there is currently no DC government run hotline available for the District residents. Some states such as Arizona and Texas have implemented their own state-run breastfeeding hotlines.<sup>18</sup> More information is needed to determine if this would be an effective and financially viable intervention for the District. Additionally, there is very little evidence available that evaluates the effectiveness of hotlines for improving breastfeeding rates and duration in the short- or long-term. In addition to the hotlines provided by hospitals, the following is available:

- *National Office on Women's Health Breastfeeding Helpline*: Run by the federal government, the helpline provides skilled breastfeeding support by phone.<sup>19</sup>
- *Mobile Health*: Mobile health (m-health) describes the use of mobile phones and other wireless technology in medical care for the provision of health care or health education, including breastfeeding support.
- *Pacify*: The DC WIC Program has launched an innovative phone application (app), Pacify as a pilot program at one of the DC WIC local agency sites. Pacify offers video consultations with a lactation consultant from a participant's smartphone 24 hours/seven days a week. The video-enabled app allows breastfeeding support on a wide range of breastfeeding issues. DC WIC expanded the program in FY2018 to all WIC sites in an effort support all DC WIC participants. This service is also made available to clients of the Children's National East of the River Lactation Support Center.
- *BfedDC*: The DC WIC program offers this breastfeeding education program to DC WIC participants. BfedDC sends participating mothers educational text messages and has two-way text message capabilities between a WIC participant and their designated breastfeeding peer counselor.

### C.3.b 2018 Survey of DC Lactation Support Services

In honor of World Breastfeeding Week 2018, DC Health's Nutrition and Physical Fitness Bureau (NPFb) conducted a brief survey of lactation support services in the District to better understand the landscape of current services, and identify areas of need. The survey was distributed to anyone who provides lactation support services to the District families. The survey had a 71% completion rate and included 35 respondents. Of these respondents, 23% were either lactation consultants providing services in affiliation with a larger institution (i.e. hospital, birthing center, pediatrician's

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<sup>17</sup> <http://www.mamatotovillage.org/>.

<sup>18</sup> <http://www.azdhs.gov/prevention/womens-childrens-health/#hotlines>.  
<http://texaswic.dshs.state.tx.us/wiclessons/english/breastfeeding/more-faqs-about-breastfeeding.asp>.

<sup>19</sup> <https://www.womenshealth.gov/contact-us/>.

office, designated breastfeeding support center, outpatient lactation support center, or community health center) or solo lactation consultants (23%) not affiliated with a larger institution. Other respondents (23%) indicated they provide remote services by phone on a volunteer basis, through doula work or other one-on-one settings.

One of the major findings of the survey was the potential that cost of services may present a barrier to access of care. A majority of lactation support providers (51%) indicated they use a client self-pay model for breastfeeding services. Other providers (44%) accepted insurance for payment or provide free services (37%) through grant funding, WIC, or volunteer services. Of the providers that accept insurance, a majority accepted private insurance providers such as AETNA (57%), United Healthcare (44%), or Blue Cross Blue Shield (25%). The billing services primarily available at the respondent's center included client self-pay (60%) or the client pays for the service up-front and is provided a superbill to submit to insurance for reimbursement (44%). Only 36% of respondents indicated they directly bill to insurance for services.

According to the survey, the standard fees for an in-office lactation visit in the District can range from free to \$250 and the cost of an in-home lactation consultant visit can range from free to greater than \$250. Other potential fees that a mother may pay out-of-pocket, depending on their insurance provider, includes a hospital grade pump rental which may cost up to \$15+ per day, with the greatest number of respondents (20%) charging \$1-\$4 per day (\$30-\$120 per month). Electric breast pumps available for purchase may cost an individual \$150-\$300, although this cost is covered by insurance through the Affordable Care Act. At one breastfeeding center in the District, breastmilk is available for purchase for \$5-\$6 per oz. As stated, depending on the insurance provider, some of these costs may be reimbursable through insurance, but it is possible that families that are not able to afford to pay for services up front or are not familiar with navigating through the insurance reimbursement process, may be discouraged from using such services available for lactation support in the District.

### **C.3.c Billing and Reimbursement for Lactation Consultants**

In 2014, DHCF issued Transmittal 14-21 *Policy Regarding Medicaid Coverage to Promote Breast Feeding*. On January 12, 2017, the final rule setting forth the services covered under Medicaid to promote breastfeeding of infants was approved and published in the *DC Register*. These services include:

- One (1) prenatal visit.
- Up to six (6) visits during the sixty (60) day postpartum period.

These visits may occur in the clinic, physician's office, freestanding birth center, or home of the client and can be provided by a licensed certified nurse midwife who demonstrates current certification by the International Board of Lactation Consultant Examiners (IBLCE) or a registered lactation consultant who demonstrates current certification by IBLCE. Per the final rule, reimbursement for these visits requires that they are:

- Ordered and/or prescribed by a licensed physician, nurse practitioner, or certified nurse midwife.

- Submitted on a claim with a copy of the order or prescription.
- Performed by a lactation consultant who has completed an orientation session on billing by DHCF or its agent.

If the registered lactation consultant has a contract with a FQHC, and the FQHC submits a claim for the reimbursement of a visit, the lactation consultant shall not bill for the visit separately.

At the time of this report, DHCF has not developed the required orientation session but has instead determined that the registration process and approved billing codes will be disseminated to interested parties via a transmittal that is under development.

### **C.3.d Needs Assessment**

While many efforts have been made to promote and support breastfeeding in the District, a number of key questions remain unanswered, including:

1. What is the rate of breastfeeding in the District by key regional and socio-economic indicators? While there are published rates of breastfeeding in the District, the Lactation Support Services Sub-Committee was unable to identify any published rates of breastfeeding in the District that were stratified by key regional and socio-economic indicators. This information would help to identify the gaps in the equitable distribution and use of lactation support services.
  - The specific indicators of interest include:
    - By ward? Neighborhood?
    - By race/ethnicity?
    - By culture? (e.g., are there differences in the distribution of services and use of services between immigrant and local groups in the city?)
    - By income?
2. Who is at risk for low breastfeeding rates in the District? And why?
  - Are they being reached with the current resources?
3. Where/who are the breastfeeding gaps?
  - By ward? Neighborhood?
  - By race/ethnicity?
  - By culture? (e.g., are there differences in the distribution of services and use of services between immigrant and local groups in the city?)
  - By income?
4. Why have all birthing facilities in the District not initiated or completed the Baby-Friendly™ Hospital Initiative?
  - What support do they need to complete the process?
  - What barriers are currently in place that prevents them from initiating or completing the process?
5. Why are resources being accessed or not?
  - Are there gaps in transportation?

- Are there not enough resources?
- What techniques and strategies for lactation promotion and education will work for the various populations in the District?
- Where do moms in the District go to obtain information and resources about breastfeeding?
- How many lactation consultants are on-staff at local hospitals, birthing facilities, FQHCs, and private pediatrician or family practice offices?
- What are the barriers to accessing DC Medicaid lactation support services and supplies, including but not limited to access to a covered IBCLCs and breast pumps?

### **C.3.e Recommendations from Lactation Support Services and Hotline Sub-Committee**

Based on the preliminary research described above, the Lactation Support Services and Hotline Sub-Committee makes the following recommendations:

**Recommendation 6:** The Lactation Commission recommends that DC Health request funds in its 2020 budget to complete a formal needs assessment of the adequacy of lactation services in the District to serve the needs for all members of all wards.

The report from the assessment would include at the minimum:

- An estimate of breastfeeding rates by key regional and socio-economic indicators.
- A survey of members of each ward for their perceived needs and barriers.
- A survey of needs of the primary care clinics to appropriately meet the needs of their lactating patients.
- A survey of the needs of the hospitals to meet the needs of the lactating patients.

The results of the assessment will be used to identify gaps in services and to inform future program and budget planning.

**Recommendation 7:** The Lactation Commission recommends that more District and federal funds be made available to support the systematic implementation of breastfeeding-friendly practices in Federally Qualified Health Centers (FQHCs), FQHC look-alikes, and other primary care locations. This will include DC Health allocating additional funds in its annual budget in support of breastfeeding promotion and support. This may also include providing technical assistance (TA) to facilities to increase internal capacity so that they can request and receive financial support from public and private funders.

The first two weeks after birth is a critical time that determines the success or failure of helping the woman meet her breastfeeding goals. Therefore, the Commission recommends that the DC Health or another agency initiate and provide funding for a program to support the systematic implementation of breastfeeding-friendly practices in Federally Qualified Health Centers (FQHCs) and FQHC look-alikes. This program would provide such centers with funds and technical support to provide regular training to primary care providers and health center staff, provide targeted education to pregnant and breastfeeding mothers, develop breastfeeding policies, implement triage protocols, and more. Organizations such as DCBFC and others could apply to carry out a breastfeeding-friendly FQHC initiative. The Academy of Breastfeeding Medicine

Clinical Protocol #14 “Breastfeeding-Friendly Physician’s Office: Optimizing Care for Infants and Children, Revised 2013” is a document that can help guide the development of such a program.<sup>20</sup> The objective of the program would be to fill the gap in providing breastfeeding support after the mother-baby dyad has been released from their birthing facility and provide longer term support well into the infant’s first year of life.

**Recommendation 8:** The Lactation Commission recommends that DC Health consider providing city-wide access to an existing public service or hotline such as Pacify, which is currently being rolled out through WIC.

## **D. Next Steps**

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In 2019, the Commission will conduct the following:

Breastfeeding Education and Library Sub-Committee will continue to work with:

- The DCPL to ensure breastfeeding material is updated and complete.
- DC Health to ensure breastfeeding resources on their website are complete.
- OSSE and DC Public Schools (DCPS) to develop and implement a breastfeeding curriculum for grades K-12.

Human Milk Bank Sub-Committee will:

- Survey area neonatal intensive care units to determine the extent of need for a human milk bank. This initial survey will assess the demand for human milk bank in the District. Should there be a high need/interest, the Commission would like to follow the standards and guidelines from HMBNA for establishing a milk bank in the District.

Lactation Support Services and Hotline Sub-Committee will:

- Evaluate the landscape of breastfeeding support in the District workplaces.
- Advocate for comprehensive Medicaid billing and reimbursement mechanisms for independent consultations and classes provided by peer and professional lactation support providers.
- Provide support and feedback to OSSE as the department develops the OSSE Breastfeeding Ratings Standards for childcare facilities.
- Advocate for the adoption of the recommendations presented above.

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<sup>20</sup> [http://www.bfmed.org/Media/Files/Protocols/Protocol\\_14\\_revised\\_2013.pdf](http://www.bfmed.org/Media/Files/Protocols/Protocol_14_revised_2013.pdf).

## **Attachment A      Public Attendees and Special Presentations**

In addition to the Commissioners mentioned above, several interested persons and lactation professionals attended the monthly meetings and made contributions to the Commission work. These members include:

- Binah Kaye Joye, Certified Lactation Consultant
- Dr. Brandi Jones, DO, Unity Healthcare
- Dr. Sharon Lewis, DC Health Regulations and Licensing Administration
- Erin Bonzon MSW, MPH, Perinatal and Infant Health Division Chief at DC Health
- Jessica Huey, Intern at DC Health
- Judith Campbell, RNC, IBCLC, Lactation Consultant at Children's National Health Systems
- Kimberle Searcy, Program Manager of Health Promotion and Disease Prevention Programs, Child Health Advocacy Institute (CHAI), Children's National Health Systems
- Christi Dorsey, Program Director, Community Health Administration at DC Health
- Noni Robinson, DC WIC Contractor at DC Health

## Attachment B Letter to Mayor on Maternal and Infant Summit

Dear Mayor Bowser:

Thank you for organizing the inaugural *Maternal and Infant Health Summit* on September 12, 2018. We appreciate your addressing disparities in health outcomes to help all families receive high quality health services. We were concerned that the critical importance of breastfeeding was not included in the conference and greatly appreciate Dr. Nesbitt's recognition and discussion about this omission at the follow-up conference *Improving Perinatal Health in the District* held on October 23, 2018.

The summit's overall mission was to address the disproportionately high rates of infant and maternal mortality experienced by people of color in Washington, DC. Breastfeeding plays a vital role in this mission as US infants who are not breastfed are 21% more likely to die in the first year of life and mothers who do not breastfeed are more likely to suffer from postpartum hemorrhage, hypertension, type 2 diabetes, breast and ovarian cancer. Unfortunately, the District of Columbia's breastfeeding rates for African-American women are significantly lower than rates for Caucasian women at both birth (96% v 65%) and at 12 months (48% vs 16%).<sup>21</sup>

Breastfeeding is an essential component of the summit's seven core priorities to improve perinatal health outcomes in the District. Every pregnant woman should receive high quality prenatal care beginning in the first trimester. Such care should include the obstetric provider's recommendations around breastfeeding as most feeding decisions are made in the first and second trimester. Every maternal and child healthcare provider should have basic breastfeeding knowledge and skills to support families who choose to breastfeed. All maternity facilities should provide evidence-based care that is supportive of breastfeeding. Every newborn should receive high-quality neonatal care in the hospital and out-patient setting that includes ideal lactation support. Except for cases where there are medical contraindications, breastfeeding is a vital element in the spectrum of ways that families can nurture their young, and a way of conserving family financial resources. Breastfeeding also provides saving to society by reducing the burden of the morbidity and mortality that occurs when mothers and babies do not breastfeed.<sup>22</sup>

Breastfeeding supports bonding which is essential for optimal early childhood development. These are a few of the reasons that all major health organizations, including the American Academy of Pediatrics, the World Health Organization and UNICEF recognize the crucial importance of breastfeeding for both mothers and babies.<sup>23,24</sup>

Although the organizations and leaders who have signed this letter are actively working on addressing the deficits in the seven core priorities and improving the racial and economic disparities in breastfeeding rates in Washington, DC, involvement of the Mayor's office will continue to be crucial for success. We are therefore requesting that breastfeeding experts and advocates be included at the table in future discussions and summits about maternal-infant health in the District.

Sincerely,

Lactation Consultant Association of Greater Washington  
District of Columbia Breastfeeding Coalition  
The DC Chapter of the American Academy of Pediatrics  
Breastfeeding USA Counselors for the DC Metro Area  
Angela McClain, Chair of the DC Lactation Commission on behalf of the public members of the Lactation Commission

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<sup>21</sup> Racial and Geographic Differences in Breastfeeding — United States, 2011–2015. *MMWR* 2017; 66(27);723–727.

<sup>22</sup> Bartick MC, Schwarz EB, Green BD, et al. Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. *Matern Child Nutr.* 2017;13(1).

<sup>23</sup> [www.usbreastfeeding.org/p/cm/ld/fid=252](http://www.usbreastfeeding.org/p/cm/ld/fid=252).

<sup>24</sup> <http://www.who.int/topics/breastfeeding/en/>.

## **Attachment C      Letter to DCPL**

Sheryl Katzin, Associate Director for Collectors  
DC Public Library  
1990 K St. NW  
Washington, DC 20006

January 18, 2019

### **RE: Breastfeeding and Lactation Materials in the DC Public Library Catalog**

Dear Ms. Katzin:

On behalf of the District of Columbia (DC) Lactation Commission, I am writing to you regarding the breastfeeding and lactation materials in your catalog.

As a background, the DC Lactation Commission was established in the Executive Branch of the District of Columbia Government in 2017 by Mayoral Order. The Commission consists of 16 members appointed by the Mayor. These members are a diverse group of leaders and professionals representing sectors including business, education, government, medical, non-profit, public, and private. The purpose of the Commission is to make recommendations to the Mayor of the District of Columbia and DC Health regarding legislative, programmatic, and policy ways to improve the District's strategies to reduce infant mortality and increase infant and child health outcomes through promotion, awareness, and support of breastfeeding and lactating mothers. Each year the commission is required to produce a report of legislative, programmatic and policy recommendations after examining issues germane to the purposes of the Commission.

One of these areas of recommendation is to create a library of comprehensive and current breastfeeding and lactation educational material. The Commission recognizes that there are many service providers, academia and businesses in the community who offer useful information and materials. However, we understand that the DC Public Library is the central resource for accessing free materials in the District. As such, the Commission reviewed the resources in your catalog to see what is offered and available to the community. In our search, we reviewed the list of 71 publications in the DCPL Catalog. See **Annex 1**. We determined that many were outdated and that some of the latest publications were not included. We recommend that DCPL removes all publications prior to 2013 be removed from the catalog. In **Annex 2**, we suggest a few publications that DCPL may wish to add to its collection. The Commission also wishes to recommend the following journals, if economically feasible:

Journal of Human Lactation: <http://journals.sagepub.com/home/jhl>  
Breastfeeding Medicine: <https://www.bfmed.org/journal>

We greatly appreciate your considering the addition of these resources to your catalogue. Should you be able to accommodate our recommendations, please let us know in writing when these materials will be available to the public.

Sincerely,

Angela McClain, Chair and Community Outreach Expert, DC Lactation Commission  
Emily Wood, DC Health Representative



**Annex 1:**  
**DCPL Resources on Breastfeeding and Lactation**

As pulled on Friday, May 18, 2018 from DCPL Catalog

[https://catalog.dclibrary.org/client/en\\_US/dcpl/search/results?qu=lactation&rw=156](https://catalog.dclibrary.org/client/en_US/dcpl/search/results?qu=lactation&rw=156)

1. Johnson's breastfeeding, Author: Moorhead, Joanna., Pub Date: 2006.
2. Breastfeeding for dummies, Author: Perkins, Sharon, Pub Date: 2004.
3. Breastfeeding with confidence, Author: Cox, Sue, Pub Date: 2006.
4. Ina May's guide to breastfeeding, Author: Gaskin, Ina May. Pub Date: 2009.
5. The womanly art of breastfeeding, Author: Wiessinger, Diane, Pub Date: 2010.
6. The complete book of breastfeeding, Author: Olds, Sally Wendkos, Pub Date: 2010.
7. The womanly art of breastfeeding, Author: Torgus, Judy, Pub Date: 2004.
8. Sweet sleep: nighttime and naptime strategies for the breastfeeding family, Author: Wiessinger, Diane. Pub Date: 2014.
9. Milk diaries: a compilation of practical, encouraging advice from the real "breastfeeding experts, Author: Singleton, Maggie, Pub Date: 2012.
10. Breastfeeding made simple: seven natural laws for nursing mothers, Author: Mohrbacher, Nancy, Pub Date: 2010.
11. Better breastfeeding: a mother's guide to feeding and nutrition, Author: Kalnins, Daina, Pub Date: 2007.
12. Great expectations: the essential guide to breastfeeding, Author: Neifert, Marianne R, Pub Date: 2009.
13. The everything breastfeeding book: the helpful, reassuring advice and practical information you need for a comfortable and confident nursing experience, Author: Fredregill, Suzanne, Pub Date: 2010.
14. Nursing mother, working mother: the essential guide to breastfeeding your baby before and after you return to work, Author: Pryor, Gale, Pub Date: 2007.
15. Bottled up: how the way we feed babies has come to define motherhood, and why it shouldn't, Author: Cobb-Barston, Suzanne Michaels, 1978- Pub Date: 2012.
16. Your baby's microbiome: the critical role of vaginal birth and breastfeeding for lifelong health, Author: Harman, Toni, Pub Date: 2017.
17. Fairness for Breastfeeding Mothers Act of 2017: report (to accompany H.R. 1174) (including cost estimate of the Congressional Budget Office), Author: United States. Congress. House. Committee on Transportation and Infrastructure, Format: Electronic Resource, Pub Date: 2017.

18. Bottles and Breastfeeding Equipment Screening Act: report (to accompany H.R. 5065) (including cost estimate of the Congressional Budget Office), Author: United States. Congress. House. Committee on Homeland Security, Format: Electronic Resource, Pub Date: 2016.
19. The complete guide to medications during pregnancy and breast-feeding: everything you need to know to make the best choices for you and your baby, Author: Weiner, Carl P, Pub Date: 2013.
20. The nursing mother's companion, Author: Huggins, Kathleen, Pub Date: 2010.
21. El libro esencial para madres lactantes, Author: Huggins, Kathleen, Pub Date: 2010.
22. The breastfeeding mother's guide to making more milk, Author: West, Diana (Diana Lynn) Pub Date: 2009.
23. Mama's milk, Author: Ross, Michael Elsohn, 1952- Pub Date: 2007.
24. The vegetarian mother's cookbook: whole foods to nourish pregnant and breastfeeding women-- and their families, Author: Olson, Cathe. Pub Date: 2005.
25. The complete guide to everyday risks in pregnancy & breastfeeding: answers to your questions about morning sickness, medications, herbs, diseases, chemical exposures & more, Author: Koren, Gideon, 1947-Pub Date: 2004.
26. The baby book: everything you need to know about your baby from birth to age two, Author: Sears, William, 1939- Pub Date: 2013.
27. Voices of the women's health movement, Author: Seaman, Barbara, Pub Date: 2012 Online Resource: Have the Library order this book (normally available in 3-7 days).
28. The fifth trimester: the working mom's guide to style, sanity, and big success after baby, Author: Brody, Lauren Smith, Pub Date: 2017.
29. Dirt is good: the advantage of germs for your child's developing immune system, Author: Gilbert, Jack, 1977-Pub Date: 2017.
30. Approval junkie: adventures in caring too much, Author: Salie, Faith, 1971- Pub Date: 2016.
31. Push back: guilt in the age of natural parenting, Author: Tuteur, Amy B, Pub Date: 2016.
32. The informed parent: a science-based resource for your child's first four years, Author: Haelle, Tara, Pub Date: 2016.
33. The simple guide to having a baby, Author: Simkin, Penny, 1938- Pub Date: 2016.
34. The whole30: the 30-day guide to total health and food freedom, Author: Hartwig, Melissa, Pub Date: 2015.
35. The mommy makeover: restoring your body after childbirth, Author: Burgdorf, Michael R., Pub Date: 2015.

36. The kind mama: a simple guide to supercharged fertility, a radiant pregnancy, a sweeter birth, and a healthier, more beautiful beginning Author: Silverstone, Alicia, Pub Date: 2014.
37. Baby bargains: secrets to saving 20% to 50% on baby furniture, equipment, maternity wear and much, much more! Author: Fields, Denise, 1964- Pub Date: 2014.
38. Caring for your baby and young child: birth to age 5, Author: Shelov, Steven P, Pub Date: 2014.
39. The birth partner: a complete guide to childbirth for dads, doulas, and all other labor companions, Author: Simkin, Penny, 1938- Pub Date: 2013.
40. What to do when you're having two: the twin's survival guide from pregnancy through the first year, Author: Diaz, Natalie. Pub Date: 2013.
41. How we do it: the evolution and future of human reproduction, Author: Martin, R. D. (Robert D.), 1942- Pub Date: 2013.
42. The woman's guide to managing migraine: understanding the hormone connection to find hope and wellness, Author: Hutchinson, Susan, 1956- Pub Date: 2013.
43. Childbirth without fear: the principles and practice of natural childbirth, Author: Dick-Read, Grantly, 1890-1959., Pub Date: 2013.
44. Making babies: stumbling into motherhood, Author: Enright, Anne, 1962- Pub Date: 2012.
45. Baby day by day: in-depth, daily advice on your baby's growth, care, and development in the first year, Author: Bendefy, Ilona, Pub Date: 2012.
46. The everything twins, triplets, and more book: from pregnancy to delivery and beyond- all you need to enjoy your multiples, Author: Fierro, Pamela, Pub Date: 2012.
47. Mayo Clinic guide to a healthy pregnancy, Author: Harms, Roger W, Pub Date: 2011.
48. At risk: Latino children's health, Author: Pérez-Escamilla, Rafael, Pub Date: 2011.
49. Heading home with your newborn: from birth to reality, Author: Jana, Laura A, Pub Date: 2011.
50. Pregnancy, childbirth, and the newborn: the complete guide, Author: Simkin, Penny, 1938- Pub Date: 2010.
51. Healthy sleep habits, happy twins: a step-by-step program for sleep-training your multiples, Author: Weissbluth, Marc, Pub Date: 2009.
52. Pea in a pod: your complete guide to pregnancy, childbirth & beyond, Author: Goldberg, Linda, Pub Date: 2009.
53. Healthier without wheat: a new understanding of wheat allergies, celiac disease, and non-celiac gluten intolerance, Author: Wangen, Stephen, Pub Date: 2009.
54. The must-have mom manual: two mothers, two perspectives, one book that tells you everything you need to know, Author: Ellington, Sara, 1969- Pub Date: 2009.

55. The new mom's guide to your body after baby, Author: Wallace, Susan Besze, 1969- Pub Date: 2009.
56. The birth partner: a complete guide to childbirth for dads, doulas, and other labor companions, Author: Simkin, Penny, 1938- Pub Date: 2008.
57. Confident baby care: what you need to know for the first year from America's most trusted nanny, Author: Frost, Jo, Pub Date: 2008.
58. ABC's of newborn baby care [videorecording], Author: Harvey, Amanda, Format: DVD - Video Disc Pub Date: 2004.
59. Child of mine: feeding with love and good sense, Author: Satter, Ellyn, Pub Date: 2000.
60. What to Expect the First Year by Murkoff, Heidi, Format: eBook Electronic Format HTML, PDF, KINDLE, ADOBE EPUB.
61. The Mermaid of Brooklyn, by Shearn, Amy, Format: eAudiobook Electronic Format OVERDRIVE LISTEN, MP3.
62. Poser by Dederer, Claire, Format: eAudiobook Electronic Format OVERDRIVE LISTEN, MP3.
63. Bossypants by Fey, Tina, Format: eAudiobook Electronic Format OVERDRIVE LISTEN, MP3.
64. Bossypants by Fey, Tina, Format: eBook Electronic Format HTML, KINDLE, ADOBE EPUB.
65. Taking Charge of Your Fertility, by Weschler, Toni Format: eBook Electronic Format HTML, KINDLE, ADOBE EPUB.
66. The Happiest Baby on the Block; Fully Revised and Updated by Karp, Harvey Format: EBook Electronic Format HTML, KINDLE, ADOBE EPUB.
67. What to Expect When You're Expecting by Murkoff, Heidi Format: eBook Electronic Format HTML, PDF, KINDLE, ADOBE EPUB.
68. Yeah Baby! by Michaels, Jillian Format: eBook Electronic Format HTML, KINDLE, ADOBE EPUB.
69. Conceiving healthy babies: an herbal guide to support preconception, pregnancy and lactation, Author: Combs, Dawn, Format: Book Pub Date: 2014.
70. Boost your breast milk: an all-in-one guide for nursing mothers to build a healthy milk supply Author: Simpson, Alicia C., Format: Book Pub Date: 2017.
71. Eat well, lose weight, while breastfeeding: the complete nutrition book for nursing mothers, Author: Behan, Eileen, Format: Book Pub Date: 2006.

**Annex 2:**  
**Suggested Titles to Add to DCPL Catalog**  
**As of May 18, 2018**

1. Breastfeeding: A Guide for the Medical Profession / Edition 8, Author: Lawrence, Ruth A, Lawrence Robert M, Pub date 2015.
2. Core Curriculum for Lactation Consultant Practice 3rd Edition by International Lactation Consultant Association.
3. Breastfeeding Management for The Clinician: Using the Evidence 3rd Edition. Author: Walker, Marsha, Pub date 2016.
4. Medications and Mothers' Milk 2017 17<sup>th</sup>. Authors: Hale, Thomas W, Rowe Hilary E, Pub date 2017.
5. The American Academy of Pediatrics New Mother's Guide to Breastfeeding, Author: Meek, Joan Younger and Yu, Winnie, Pub date: 2011.
6. The Black Woman's Guide to Breastfeeding: The Definitive Guide to Nursing for African American Mothers, Author Barber, Katherine, Pub date 2005.
7. Lactation Management: Strategies for Working with African-American Moms, Author Barber, Katherine, Pub date 2013.
8. Kimberly Seals-Allers: The Big Letdown: How Medicine, Big Business an Feminism Undermine Breastfeeding, Author Seals Allers, Kimberly, Pub date 2017.
9. The Mocha Manual to a Fabulous Pregnancy, Author: Seals-Allers, Kimberly, Pub date 2005.
10. US Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: US Department of Health and Human Services, Office of the Surgeon General; 2011.
11. The Ultimate Breastfeeding Books of Answers: The Most Comprehensive Problem-Solving Guide to Breastfeeding, Authors: Newman, Jack and Pitman, Teresa, Pub date: 2006.
12. Adventures in Tandem Nursing, Author: Flower, Hilary, Pub Date: 2006.
13. Breastfeeding Without Birthing: A Breastfeeding Guide for Mothers through Adoption, Surrogacy, and Other Special Circumstances, Author Schnell, Alyssa. Pub date 2013.
14. Preparing to Breastfeed: A Pregnant Woman's Guide, Author: Pitman, Teresa, Pub date 2013.
15. The Breastfeeding Handbook for Physicians, Author: The American Academy of Pediatrics, Pub date: 2013.
16. Breastfeeding After Breast and Nipple Procedures: A Guide for Healthcare Professionals (Clinics in Human Lactation) 1st Edition, Authors: West, Diane and Hirsch, Elliott, Pub date 2016.