

# District of Columbia Lactation Commission

**2019-2020 Annual Report to Mayor Muriel Bowser**



*Photo Source: United States Breastfeeding Committee*

**February 4, 2021**

# Table of Contents

Acronyms.....	1
I. Executive Summary.....	2
II. DC Lactation Commission Structure.....	4
III. Progress Updates on 2018 Recommendations.....	6
IV. 2019-2020 Recommendations and Supporting Evidence.....	11
V. Financial Impact of DC Lactation Commission Recommendations.....	20
VI. Conclusion.....	23

## Acronyms

AAP	American Academy of Pediatrics
BFPC	Breastfeeding Peer Counselor
CDC	Centers for Disease Control and Prevention
CLC	Certified Lactation Counselor
COVID-19	Coronavirus and Disease-19
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
DCHF	Department of Health Care Finance
DNP	Doctor of Nursing Practice
DrPH	Doctor of Public Health
FAAP	Fellow of the American Academy of Pediatrics
FABM	Fellow of the Academy of Breastfeeding Medicine
FACOG	Fellow of the College of Obstetrics and Gynecology
FQHCs	Federally Qualified Health Centers
HEDIS	Healthcare Effectiveness Data and Information Set
HMBANA	Human Milk Banking Association of North America
IBCLC	International Board Certified Lactation Consultant
MEd	Master of Education
MPH	Master of Public Health
MSHCM	Master of Science in Health Care Management
OSSE	Office of the State Superintendent of Education
PhD	Doctor of Philosophy
RN	Registered Nurse
RDN	Registered Dietician Nutritionist
US	United States of America
WIC	Special Supplemental Nutritional Program for Women, Infants and Children

# I. Executive Summary

The District of Columbia (DC) Lactation Commission (henceforth, “The Commission”) was first developed as a result of District of Columbia Law 20-121, the “Breastmilk Bank and Lactation Support Act of 2013.” The Commission was formally established on December 19th, 2016 by the authority of the Mayor of the District of Columbia (Mayor’s Order 2017-177). The Commission was established to make recommendations to the Mayor of the District of Columbia and the Department of Health regarding improved legislative, programmatic, and policy strategies to reduce infant mortality and increase infant and child health outcomes through promotion, awareness, and support of breastfeeding and lactating mothers. The Commission includes experts engaged in breastfeeding promotion and advocacy in various sectors.

Since its inception, the DC Lactation Commission has submitted two reports to Mayor Muriel Bowser, in [2017](#)<sup>1</sup> and [2018](#).<sup>2</sup> The 2019-2020 report provides information regarding the Commission’s structure, updates to the recommendations made in the 2018 report, and three specific, targeted recommendations to set a new path forward for developing an overarching breastfeeding strategy and plan for Washington, DC. It includes relevant evidence and provides estimates of financial impact. The final 2019-2020 recommendations are summarized below:

**Recommendation 1: To ensure a strategic, evidence-based, community-engaged approach to improving breastfeeding in the District of Columbia, DC Health should develop a multi-year strategic “breastfeeding plan” with input from local stakeholders.**

A strategic Washington, D.C., breastfeeding plan will serve as a roadmap for the city to promote and support breastfeeding to improve maternal, infant, and child health outcomes and directly support DC Health’s framework to improve perinatal health as outlined in their 2018 Perinatal Health and Infant Mortality Report<sup>3</sup>. The recommended plan should include baseline data and benchmark metrics so that it is clear where the city stands on important breastfeeding-related behaviors, policies and outcomes. The DC Breastfeeding plan should also include specific, measurable, actionable, realistic, and time-bound (SMART) objectives indicating what the city hopes to achieve in improvements to the baseline data within a multi-year period of time. To chart a course for success, each objective should be associated with one or more evidence-based strategies for achievement. Finally, the breastfeeding plan must include a blueprint for monitoring and evaluation of progress against the benchmark metrics. Progress on the plan should be reported annually by DC Health to the DC Lactation Commission and the public to ensure accountability. To promote community buy-in, plan development must be driven not only by thorough assessment of breastfeeding data (population-based data sources, local research, and needs assessment) but also community input. If developing a standalone breastfeeding plan is determined not to be feasible in the coming year, the DC Lactation Commission recommends that at a minimum, DC

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<sup>1</sup>[https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/Lactation%20Commission%20Annual%20Report%202017v2.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/Lactation%20Commission%20Annual%20Report%202017v2.pdf)

<sup>2</sup>[https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/2018%20Lactation%20Commission%20Annual%20Report.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/2018%20Lactation%20Commission%20Annual%20Report.pdf)

<sup>3</sup>[https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/Perinatal%20Health%20Report%202018\\_FINAL.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/Perinatal%20Health%20Report%202018_FINAL.pdf)

Health and other DC government agencies should explicitly incorporate breastfeeding in all perinatal health initiatives.

**Recommendation 2: Improve families’ prenatal breastfeeding education by increasing pregnant women’s enrollment in WIC and increasing access to WIC breastfeeding peer counselors (BFPCs).**

Prenatal WIC enrollment improves infant outcomes and WIC BFPCs improve breastfeeding rates. The DC Lactation Commission recommends that DC Health designate an additional WIC outreach assistant to increase enrollment of WIC-eligible mothers prenatally by working collaboratively with health care providers who care for pregnant women. The DC Lactation Commission also recommends ongoing breastfeeding education of all WIC staff and additional funding for WIC breastfeeding peer counselors to provide outpatient support in obstetric clinics.

**Recommendation 3: Improve postnatal breastfeeding support for mothers and families by supporting funding for lactation support centers, virtual breastfeeding support, and improving health care providers’ breastfeeding clinical skills.**

Improving postnatal breastfeeding support can be accomplished through ongoing funding of lactation support centers, virtual breastfeeding support and improving health care providers’ breastfeeding clinical skills. The DC Lactation Commission recommends that DC Health ensure breastfeeding is included as a priority in Title V funding until all DC residents meet Healthy People breastfeeding goals. Specifically, to ensure ongoing funding and expansion of lactation support centers staffed by IBCLCs, breastfeeding medicine physicians and lactation peer educators. DC Health should continue to provide outpatient support through a hotline (e.g., Pacify) for all DC WIC participants and expand eligibility to non-WIC Medicaid beneficiaries that are less than 12 months of age. The DC Lactation Commission recommends that there be improvement in health care providers’ education about breastfeeding, ability to counsel families and manage common breastfeeding challenges, and knowledge of when and to whom to refer for advanced professional support. This can be accomplished by the Director of the Department of Health designating breastfeeding as a priority public health issue and the DC Board of Medicine requiring one hour of continuing education for health care providers on the subject of breastfeeding to maintain licensure.

## II. DC Lactation Commission Structure

The DC Lactation Commission consists of ten appointed members and six non-voting government agency representatives.

### *Commission Chair:*

Jennifer Tender, MD, FAAP— Pediatrician/Neonatologist Member

### *Commissioners:*

Stephanie Hack, MD, MPH, FACOG — Obstetrics/Gynecology (Ob/Gyn) Member

Kanika Harris, PhD — Public Health Expert Member

Noelene Jeffers, PhD, CNM, RN, IBCLC — Lactation Expert Member

Gwendolyn West, IBCLC — Lactation Expert Member

Sahira Long, MD, IBCLC, FAAP, FABM — Pediatrician/Neonatologist Member

Angela McClain — Community Outreach Expert Member

Lauren Propst-Riddick — Consumer Member

Christina Stowers — Consumer Member

Aubrey Villalobos, DrPH, MEd — Public Health Expert Member

### *Government Representatives:*

Quamiece Harris — DC Department of Human Resources Representative

Jill Johnson, MS, CWWS — DC Department of Human Resources Representative

Suzanne Henley, MSW— DC Office of the State Superintendent and Education Representative

Colleen Sonosky, JD — DC Department of Health Care Finance Representative

Noni Robinson, MS — DC Health Representative

Emily Woody, MPH, RDN, IBCLC — DC Health Representative

The DC Lactation Commission currently has one vacant position for a second Community Outreach Expert.

Since the 2018 report, Mayor Bowser appointed two new Commissioners: Jill Johnson and Aubrey Villalobos. Information about their expertise is included below:



**Jill Johnson, MS HCM, CWWS**, is a Health Education Specialist with 10+ years of experience managing onsite wellness programs for large corporate companies. Her areas of focus are health education, wellness promotion, and organizational management and program management. Jill holds advanced degrees in Health Education and Administration as well as Master's Health Care Management and is a Certified Worksite Wellness Specialist. She currently serves as the District Wellness Program Coordinator at the District of Columbia Department of Human Resources where she leads program implementation of district health and wellness employee programs. She previously served as a Senior Program Associate with Lockheed Martin's Health and Wellness department where she coordinated wellness programs for employees and their families. She also

serves as a member of the Wellness Council of America and the National Wellness Institute. She is driven to improve health disparities in minority communities and strengthen emotional intelligence through addressing behavioral change. She is currently working with Aetna, Kaiser and CareFirst to implement changes to employee health service delivery. She has training and experience in organizational management, nutrition, and behavioral health. She is a wife and mother to three beautiful girls and a dog named Precious.



**Aubrey Villalobos, DrPH, MEd**, has more than 10 years of public health program leadership and research experience. As Director of Cancer Control and Health Equity at GW Cancer Center, she directed a multi-million dollar portfolio of sponsored projects providing technical assistance and training to cancer control and health care professionals and conducting applied research. Recently, she transitioned to supporting Cancer Center leadership in opening an office of community outreach and engagement and leading strategic planning toward the elimination of cancer disparities in the greater Washington, DC area. Dr. Villalobos serves on the board of the DC Breastfeeding Coalition and currently serves as the vice chair of the Comprehensive Cancer Control National Partnership. She is mission-driven

to eliminate health inequities through addressing social and structural determinants and has experience in community partnership-building for cancer/chronic disease integration and research agenda setting. She has training and experience in policy, systems, environmental change for health promotion and clinician, professional, patient and community education. She has expertise in behavior change theories and quantitative and qualitative methods for social and behavioral science. She has worked with Hispanic, lesbian, gay, bisexual, transgender and queer (LGBTQ), and African American communities, and maintains professional Spanish proficiency. She is a wife and mother to two beautiful, bicultural, breastfed babies.

### III. Progress Updates on 2018 Recommendations

In the 2018 Annual Report, the DC Lactation Commission presented eight recommendations to DC Health. This section will briefly summarize and provide an update on these recommendations.

These updates should be viewed with the caveat that there were delays in the review process and making the report publicly available. The 2018 report was submitted to DC Health in January 2019, revised based on feedback in July 2019, and posted publicly on the DC Health Lactation Commission webpage in May 2020. These delays may have prevented the inclusion of any recommendations in DC Health's annual budget planning.

Recommendation 1: The DC 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 DC Breastfeeding Coalition (DCBFC). The DC Lactation Commission further recommends that DC Health highlight and promote activities and events during World Breastfeeding Month (August) in the District on its website.

Update: DC Health, in collaboration with the DCBFC, have successfully implemented and promoted breastfeeding activities and events. These events have included the DC Mayor's Proclamation that August is Breastfeeding Awareness Month, The Global Big Latch-On August 1, 2020, hosting an international webinar with over 1000 registrants entitled "COVID-19 and Early Post-Partum Breastfeeding: Emerging Evidence and Recommendations" on August 7, 2020, and support for Black Breastfeeding Week's 2020 Million Milk March. The events were posted on [dcwic.org](http://dcwic.org).

Recommendation 2: The DC 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.

Update: As included in the 2018 Annual report, the DC Lactation Commission submitted a letter to the Mayor regarding this recommendation after breastfeeding topics were not included in the September 18, 2018 Maternal Infant Health Summit. Commissioner Long was subsequently invited and spoke about breastfeeding as a panelist on The Role of Food Policy, Access, and Nutrition in Supporting Positive Outcomes for Families at the second Maternal and Infant Health Summit held September 10, 2019. *However, the report from the summit on the website does not mention breastfeeding.* The DC Breastfeeding Coalition's submission to the third Maternal and Infant Health Summit entitled Dual Pandemics: Impact of Systemic Racism and COVID-19 on Breastfeeding was accepted. Commissioner Long moderated this discussion on September 18, 2020 with panelists Chrissone Henderson, CLC (WIC Breastfeeding Peer Counselor), Ifeyinwa V. Asiodu, PhD, RN, IBCLC (University of California, San Francisco); Kimarie Bugg, DNP, RN, MPH, IBCLC (Reaching Our Sisters Everywhere).

The only mention of breastfeeding support on the Mayor's maternal health website links to DC WIC. *This is a missed opportunity to call out breastfeeding as a key strategy in improving maternal, infant, and child health outcomes through the Mayor's Maternal Health Initiative.* The DC Lactation Commission would welcome the opportunity to participate in conversations about



how to increase the amount of information on breastfeeding shared through this national digital platform. The DC Lactation Commission is also eager to engage the Thrive by Five Commission on coordinating recommendations to reduce duplication of effort and increase collaboration and efficiency. Thrive by Five's main goals include collaboration and coordination of existing efforts to address perinatal health and wellness and early childhood development and education.

Recommendation 3: The DC Lactation Commission recommends that the DC Public Library (DCPL) updates its current collection of breastfeeding and lactation material. 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.” For the 2018 Annual Report, the Commission’s Breastfeeding Education and Library Sub-Committee provided recommendations to the DC Public Library for the removal of irrelevant books and the addition of current breastfeeding resources. In addition, the Sub-Committee worked closely with DC Health to update its websites containing information about support, resources, and services on breastfeeding.<sup>4</sup>

Update: Given the above efforts, the DC Lactation Commission believes that it has fulfilled its mandate to provide access to a library of comprehensive and current breastfeeding and lactation educational material. As such, the Commission made a decision to change the name of the Sub-Committee from Education and Library Sub-Committee to Education and Outreach. The purpose of this new committee is to broaden efforts of informing and educating the Mayor’s office and DC community about breastfeeding and lactation. The sub-committee will focus on continued monitoring of DCPL’s and DC Health’s websites to ensure materials are updated; working closely with OSSE, DCPS, and the DC Breastfeeding Coalition to develop a K-12 breastfeeding curriculum; and highlighting and promoting breastfeeding, lactation and related events.

Recommendation 4: The DC Lactation Commission recommends that DC Health continues to provide updated information, resources, and education material on breastfeeding and lactation on its website. For maintaining current content, DC Health may consider subscribing to the CDC’s Web Content Syndication Services on Breastfeeding.

Update: DC Health provides up-to-date breastfeeding information on the DC Health website through the [DC Health Breastfeeding Program](#) page. The Breastfeeding Program page describes DC Health’s strategic approach to create a data driven breastfeeding program and policy development. The site also provides information on District of Columbia’s breastfeeding rights. The site links to DC Health’s pages on [Breastfeeding Information and Support](#), [Breastfeeding in the Workplace](#) and [Breastfeeding in Healthcare](#), which includes evidence-based information, resources and educational materials for DC residents and visitors based on the consumers’ priorities. The DC WIC Program utilizes the [dcwic.org](http://dcwic.org) website to promote breastfeeding support within the WIC program and events occurring throughout the city during World Breastfeeding Week, Black Breastfeeding Week, and National Breastfeeding Month. DC Health should continue to prioritize and promote the [DC Health Breastfeeding Program](#) page and ensure content is current, engaging, simple to navigate, and optimized for mobile devices.

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<sup>4</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>.

Recommendation 5: The DC 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 DC Lactation Commission recommends that DC Health identify the best option for operation of a milk bank.

Update: Despite recognizing the importance of a DC milk bank, funds to obtain a comprehensive needs assessment were not obtained, precluding a definitive determination of need. Re-evaluation of this recommendation led to a shift in focus from creation of a milk bank to creation of milk depots. The original Milk Bank Subcommittee was disbanded, and the priorities were consolidated with those of the Lactation Support Services Subcommittee. The creation of milk depots is still under review, and the DC Lactation Commission may consider a DC milk bank in the future.

Recommendation 6: The DC 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.

Update: Although DC Health did not request funding for a formal needs assessment, DC Health and members of the DC Lactation Commission did conduct the following studies about breastfeeding support for DC residents:

- A. In October 2018, DC WIC Breastfeeding Coordinator, Emily Woody, and an intern conducted an online survey of DC area lactation providers and found:
- Demographics: The survey had a 71% completion rate and included 35 respondents, 23% were either lactation consultants providing services with a larger institution (i.e. hospital, birthing center, pediatrician's office, designated breastfeeding support center, outpatient lactation support center, or community health center) or a solo lactation consultant (23%) not affiliated with a larger institution. Other respondents (23%) indicated they provide services via tele-lactation, on a volunteer basis, through doula work or other one-on-one settings.
  - Results:
    - **Cost for services was a potential barrier to lactation support:**
      - A majority of lactation support providers (51%) indicated they use a client self-pay model for breastfeeding services.
      - Other providers (44%) accept insurance for payment.
      - Of the providers that accept insurance, a majority take private insurance providers such as AETNA (57%), United Healthcare (44%), or Blue Cross Blue Shield (25%).
      - 37% provide free services through grant funding, WIC, or volunteer services.
    - **The billing services primarily available at the respondents' centers may support inequitable access:**
      - Client self-pay (60%).

- 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.
- **Cost for services may pose a barrier to access:**
  - The standard fees for an in-office lactation visit in the District can range from free to \$250.
  - The cost of an in-home lactation consultant visit can range free to greater than \$250.
  - Other potential fees that a person may pay for out-of-pocket, depending on their insurance provider, includes a hospital grade pump rental which may cost up to \$15+ per day, with the majority 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, breast milk is available for purchase for \$5-\$6 per oz.
  - 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 to use the services available for lactation support in the District.

**B.** DC WIC and former DC Lactation Commissioner Dr. Amira Roess collaborated on a research project that resulted in the publication entitled “Determinants of Breastfeeding Initiation and Duration Among African American DC WIC Recipients: Perspectives of Recent Mothers.”<sup>5</sup> Among the conclusions of the semi-structured interviews of 24 participants were that many of the WIC respondents reported limited access to lactation support providers. The authors concluded, “*WIC offers recipients in DC many helpful breastfeeding resources. Although several respondents were aware of these resources, overall use in the sample was low. Continued outreach may help further facilitate breastfeeding in African American mothers by providing additional sources of social support.*”

Recommendation 7: The DC 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.

Update: No additional District or federal funds were allocated for supporting breastfeeding-friendly practices, however in 2018 the DC Council passed and partially funded the “[Birth to Three](#)”

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<sup>5</sup> Schinderl-Ruwisch J, Roess A, Robert RC. Determinants of breastfeeding initiation and duration among African American DC WIC recipients: Perspectives of recent mothers. *Women’s Health Issues* 2019;29(6):513-521.doi: 10.1016/j.whi.2019.07.003.

[for All DC](#)” bill which contains lactation support via the Healthy Steps Pediatric Primary Care Demonstration Program for eligible primary care locations. Healthy Steps provides support to families during the well-child visit by integrating an early childhood specialist to address areas of concern such as breastfeeding, behavior, sleep, attachment, and social determinants of health. In FY20, the Council dedicated \$323,000 to lactation consultants; however, the DC Lactation Commission was not made aware if or how this District funding was dispersed. The DC Lactation Commission is not aware of specific funding for lactation consultants or support in the FY21 budget. The Commission has not been made aware if the following funding will include breastfeeding and lactation consultants as a priority: Birth to Three Funding in FY21: Healthy Futures-\$2.8M, Healthy Steps-\$750,000, Help Me Grow-\$581,088.<sup>6</sup> The Lactation Commission recommends that DC Health should communicate with the Commission regarding dispersion of funds related to breastfeeding.

Also, as a result of this bill, funding was made available to the DC Breastfeeding Coalition, an existing provider of a lactation consultant preparatory course, to expand the course to double its capacity. This was accomplished through offering a second course in August 2020 to a total of fifteen participants with spaces reserved for representatives from DC WIC, DC Healthy Start, and La Clínica del Pueblo. This course enables groups underrepresented in the lactation field an affordable, high-quality course to help them prepare for the IBCLC examination. The Lactation Commission feels this was a good use of District funds because it supports diversification of the lactation support providers in the area.

Recommendation 8: The DC 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.

Update: Commissioner Tender obtained data about the number of lactation consultations in 2019 in Washington, D.C., as well as cost estimates for expanding Pacify services beyond WIC participants to all DC residents. She presented this information to the DC Health Community Health Administration, who did not support expanding Pacify beyond WIC. The Commission strongly recommends DC Health reconsider and identify District funds to expand Pacify services for families who are not eligible for WIC benefits but would greatly benefit from virtual breastfeeding support.

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<sup>6</sup> Personal communication on September 2, 2020 from Elizabeth Davis, MHA, Government Affairs Specialist, Child Health Advocacy Institute, Children’s National Hospital.

## IV. 2019-2020 Recommendations and Supporting Evidence

DC Lactation Commission’s Annual Report Sub-Committee developed three recommendations based on Dr. Nesbitt’s (Director, DC Health)<sup>7</sup> feedback on the DC Lactation Commission’s 2018 Annual Report and input from Dr. Shah (Interim Senior Deputy Director for the Community Health Administration)<sup>8</sup> about DC Health’s priorities during the COVID-19 pandemic. These three recommendations received full support of the DC Lactation Commission. The DC Lactation Commission acknowledges that COVID-19 may impact how some of these recommendations are implemented.

**Recommendation 1: To ensure a strategic, evidence-based, community-engaged approach to improving breastfeeding in the District of Columbia, DC Health should develop a multi-year strategic “breastfeeding plan” with input from local stakeholders.**

The DC Lactation Commission’s charge is “to make recommendations to the Mayor of the District of Columbia and the Department of 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.” In order to succeed in this endeavor, it is imperative that the work be grounded in evidence and data, committed to promoting evidence-based strategies and solutions, and that progress be monitored.

To this end, a strategic breastfeeding plan will serve as a roadmap for everyone in the city invested in promoting and supporting breastfeeding to improve maternal, infant, and child health outcomes. The plan should include baseline data and benchmark metrics so that it is clear where the city stands on important breastfeeding-related behaviors, policies and outcomes. This includes identification of available data sources, frequency of reporting, and considerations for analysis with an eye to health equity (e.g., stratified by race/ethnicity, Ward, health insurance status, etc.).

Currently, there does not appear to be a single source of transparent breastfeeding data for the District of Columbia that includes data stratified by race/ethnicity, socioeconomic status, residential geography, or other factors that would be informative in helping form a plan to address barriers. The [DC Healthy People 2020 Framework](#), published in April 2016, includes two objectives related to breastfeeding (MICH 3.1 & 3.2), however progress toward meeting them is not reported in the [Leading Health Indicator Dashboard](#) or the [Annual Report and Action Plan 2017-2019](#). DC Health’s [Perinatal Health and Infant Mortality Report](#), published in May 2018, does not present any data or goals related to increasing breastfeeding but does mention the efforts to support local hospitals toward achieving Baby-Friendly® designation in discussing strategies to reduce infant deaths. The Centers for Disease Control and Prevention (CDC) releases a [Breastfeeding Report Card](#) annually. The 2020 report card includes data from CDC’s 2018 national survey of Maternity Practices in Infant Nutrition and Care (mPINC) that assesses practices and policies affecting newborn feeding, feeding education and support, staff skills, and discharge support and from the National Immunization Survey (NIS) 2018–2019, among 2017 births. The

<sup>7</sup> Nesbitt, L (2019, October 28). Discussion at DC Lactation Commission meeting

<sup>8</sup> Shah, A (2019, May 29). Personal communication.

report card is informative for overall city rates, but accessing stratified data to assess disparities and differing needs for subpopulations is much more challenging. Further, there is no public data available for the District from the 2018 mPINC survey because not all of the five eligible local hospitals responded (CDC's minimum response rate to release data publicly), in spite of efforts by DC Breastfeeding Coalition to encourage responses. Finally, the [DC WIC FY2020 State Plan Goals & Objectives](#) document is informative for a city breastfeeding plan because it includes breastfeeding support objectives and an annual progress report, but it is limited to WIC operations, the WIC participant population, and reports limited quantitative data.

Recently completed local needs assessments or surveys could inform breastfeeding plan development, but none have been specific to breastfeeding city-wide. For example, the [DC Health Equity Report](#), published in 2018, includes findings related to Ward-level differences in social and economic influences on health outcomes. DC Health's [Community Health Needs Assessment](#), published in 2019, assessed social, economic, behavioral, environmental, and clinical factors and systems that impact population health. Neither report specifically looked at local barriers and facilitators of breastfeeding. DC Health's [5 Year Maternal and Child Health Needs Assessment 2016-2020](#) mentions briefly breastfeeding rates and disparities, but it is not a primary focus of the report. Likewise, DC Primary Care Association's September 2018 report "[Human-Centered Solutions to Improve Reproductive and Maternal Health Outcomes in Washington, D.C.](#)" mentioned breastfeeding and some barriers from community-member input, which suggests some systems-level solutions but they are not specifically focused on promoting and supporting breastfeeding. In 2019, DC WIC conducted a lactation support survey of participating mothers intended to identify the gaps in breastfeeding support and solicit suggestions for improving services, data from which will also be informative to the breastfeeding plan, but not sufficient since the WIC population is only a subset of DC's breastfeeding mothers. Finally, local academic researchers may be able to provide data that could contribute to a comprehensive needs assessment. For example, Commissioner Villalobos' doctoral dissertation consisted of focus groups with 30 local African American mothers and a survey of over 500 African American mothers in the DC metropolitan area. Peer-reviewed publications are forthcoming and, in the meantime, some findings related to the recommendations of the DC Lactation Commission have been summarized in the subsequent sections. It would be useful to engage local researchers in the strategic planning process to identify additional local data already collected that could inform needs assessment and reduce the expense of duplicative data collection.

In addition to baseline data and benchmark metrics, the DC breastfeeding plan should also include specific, measurable, actionable, realistic, and time-bound (SMART) objectives indicating what the city hopes to achieve in improvements to the baseline data within a multi-year period of time. One suggestion is to align the city objectives with the U.S. Department of Health and Human Services' [Healthy People 2030 objectives](#), if realistic. Looking historically to see how trends in the city have changed from year to year and over a 5-year period is another way to estimate target outcomes for expected changes in this focused plan. Specificity means that objectives or targeted outcomes should describe a specific priority population or area of the city, rather than setting only city-wide objectives. Measurable objectives are linked to the baseline data and benchmark metrics and have a known, accessible data source whose timeframe for data collection and frequency of reporting align with the objective timeline. Actionable, realistic, and time-bound objectives focus

on what can be done to change outcomes in the designated time frame, given known constraints in the local context.

To chart a course for success, each objective should be associated with one or more evidence-based strategies for achievement. The [CDC Guide to Strategies to Support Breastfeeding Mothers and Babies](#), published in 2013, is a compendium of evidence-based strategies from which to draw for addressing barriers to breastfeeding in the District. Academic research literature and evaluation reports from community-based organizations are other potential sources of emerging evidence and best practices.

Finally, the breastfeeding plan ought to include a blueprint for monitoring and evaluation of progress against the benchmark metrics. Progress on the plan should be reported annually by DC Health to the DC Lactation Commission and the public to ensure accountability. Monitoring and evaluation also allows for course correction if strategies are not showing progress toward outcome targets, and for celebration of successes when strategies go well and positive outcomes are achieved.

To promote community buy-in, plan development must be driven not only by thorough assessment of breastfeeding data (population-based data sources, local research, and needs assessment) but also community input. DC Health could follow a similar approach to plan development as was undertaken for the [DC Healthy People 2020 Framework](#) or the [2017 DC Health Systems Plan](#), for example. Alternatively, DC Health could outsource this work to a local multi-disciplinary stakeholder group, like a coalition, to develop the plan in coordination with DC Health. An example of a breastfeeding plan as described above can be found [here](#).

If developing a standalone breastfeeding plan is determined not to be feasible, at minimum for efficiency and fostering collaboration, breastfeeding should be explicitly incorporated in all perinatal health initiatives led by DC Health and other DC government agencies. This would include perinatal health initiatives like [Thrive by Five](#) and [www.DCMaternalHealth.com](#), as well as in DC Healthy People 2030 planning.

**Recommendation 2: Improve prenatal breastfeeding education for mothers and families by increasing pregnant women’s enrollment in WIC and access to WIC breastfeeding peer counselors.**

The CDC recommends families receive accurate breastfeeding education in the prenatal and intrapartum period with the goal of improving families’ knowledge, skills and positive attitude toward breastfeeding.<sup>9</sup> Prenatal breastfeeding education, combined with postnatal support, has been shown to improve exclusive breastfeeding rates and breastfeeding duration.<sup>10</sup> Improving prenatal breastfeeding education by increasing pregnant women’s enrollment in WIC and access

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<sup>9</sup> Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Atlanta: U.S. Department of Health and Human Services; 2013.

<sup>10</sup> Chung M, Raman G, Trikalinos T, Lau J, Ip S. Interventions in primary care to promote breastfeeding: an evidence review for the U.S. Preventive Services Task Force. *Ann Intern Med.* 2008;149(8):565-582.

to WIC breastfeeding peer counselors are crucial steps in decreasing infant mortality rates and improving breastfeeding initiation rates.

One of Medicaid's HEDIS (Healthcare Effectiveness Data and Information Set) measures are first trimester prenatal care. The rate of early prenatal care in DC differs significantly by ward from 50.8% in Ward 8 to 85.3% in Ward 3.<sup>11</sup> According to DC Health Matters, "*babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.*"

One way to improve prenatal care may be to augment state-level time and effort dedicated to increasing prenatal enrollment in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). DC WIC currently has a 1.0 FTE Outreach Coordinator, but this position needs additional support to be able to engage with obstetric and family practice clinics throughout the city. WIC provides pregnant women nutritional counseling and education, breastfeeding education and referrals to social service and health providers. Thus, one of WIC's explicit roles is to refer the mother for prenatal care.

Not only could early enrollment in WIC improve access to medical care, studies have also demonstrated that enrollment in WIC itself improves infant outcomes. African American infants of women enrolled in WIC prenatally have a significantly lower infant mortality and preterm birth rates than eligible, non-WIC participants.<sup>12,13,14</sup> Nationally, 45.3% of eligible pregnant women are enrolled in WIC and in 2017, only 37.0% of the District's eligible pregnant women received WIC benefits.<sup>15</sup>

DC WIC has instituted multiple programs to improve breastfeeding rate among its clients including The Beautiful Beginnings Club which provides free breastfeeding classes, augmented nutrition packages for breastfeeding mothers, referrals to lactation consultants, access to the Pacify App for virtual breastfeeding assistance from a Board Certified Lactation Consultant, provision of breast pumps and incorporation of breastfeeding peer counselors.<sup>16</sup>

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<sup>11</sup> DC Health Matters. *Mothers who received early prenatal care.*

<https://www.dchealthmatters.org/indicators/index/view?indicatorId=325&localeId=131488>. Accessed August 16, 2020.

<sup>12</sup> Kahani I, Elam J, Hearn R, Jones C, Maseru N. The Impact of Prenatal WIC Participation on Infant Mortality and Racial Disparities. *Am J Public Health*. 2010;100(Suppl1): S204–S209. doi: 10.2105/AJPH.2009.168922

<sup>13</sup> Willis E, McManus P, Magallanes N, Johnson S, Majnik A. Conquering racial disparities in perinatal outcomes. *Clin Perinatol*. 2014;41(4):847-75. doi: 10.1016/j.clp.2014.08.008.

<sup>14</sup> Soneji S, Beltrán-Sánchez, H. Association of Special Supplemental Nutrition Program for Women, Infants, and Children With Preterm Birth and Infant Mortality. *JAMA Network Open*. 2019 2;2(12):e1916722. doi: 10.1001/jamanetworkopen.2019.16722.

<sup>15</sup> USDA Food and Nutritional Support Services. Department of Agriculture (2019). National and state-level estimates of WIC eligibility and WIC program reach in 2017. Published December, 2019. <https://fns-prod.azureedge.net/sites/default/files/resource-files/WICEligibles2017-Volume1.pdf>. Accessed September 7, 2020.

<sup>16</sup> WIC DC. WIC Families Breastfeeding <https://www.dcwic.org/wic-families-breastfeeding#:~:text=DC%20WIC%20COVID%2D19%20Response&text=Free%20Breastfeeding%20classes%20are%20offered%20for%20anyone%20interested%20in%20breastfeeding.&text=Participants%20who%20only%20breast%2Dfeed,peanut%20butter%20or%20dry%20beans>. Accessed August 16, 2020.



WIC breastfeeding peer counselors (BFPCs) are current or former WIC clients who breastfed their infant(s) and have received specialized training on breastfeeding support. These BFPCs use an evidence-based model that has demonstrated efficacy in improving both breastfeeding rates and duration among WIC clients.<sup>17,18,19</sup> Yet, in a 2014 study of WIC clients in DC, only 25% of women spoke with a BFPC prenatally.<sup>20</sup> In 2018, researchers conducted a study in Washington, DC evaluating if incorporating a BFPC into a hospital-based obstetric clinic serving a high percentage of WIC-eligible women would be an effective way to engage pregnant women about breastfeeding and WIC services. Although it was a small sample size (n=57), the authors found that women who spoke with a BFPC prenatally trended towards being more likely to initiate breastfeeding and less likely to exclusively formula feed in the hospital.<sup>21</sup>

Research conducted in 2019 by Commissioner Villalobos also highlights the importance of increasing access to WIC programming for DC residents (peer-reviewed manuscripts forthcoming in *Health Education and Behavior* and *Breastfeeding Medicine*). Focus groups were conducted with 30 African American mothers who lived in DC and had a child between 2016-2019. Mothers of lower socioeconomic status reported that changes in policies and messaging from WIC in the last 10-15 years were a driving force in shifting attitudes and norms toward increasing commonality and acceptance of breastfeeding in their communities.

Given the evidence that WIC enrollment prenatally improves infant outcomes and that WIC BFPCs improve breastfeeding rates, the DC Lactation Commission recommends the following:

**A. Increase enrollment of WIC-eligible mothers** prenatally, with an emphasis on enrolling women in the first trimester. The suggested strategy to accomplish this is to designate an additional WIC outreach assistant at the DC WIC State Agency whose primary tasks will be to collaborate with staff in obstetric, family practice and pediatric clinics across the city to identify and refer WIC-eligible women. This could be accomplished by:

- Increasing eligibility screening and promotion of the WIC program in all obstetric, family practice and pediatric clinics by:
  - Identifying a WIC Champion within each obstetric, family practice, and pediatric clinic to perform eligibility screening and collect information send to the local WIC agency.
  - Inviting local agency WIC Staff to participate in obstetric, family practice, and pediatric clinic staff meetings to educate providers about the importance of WIC enrollment.

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<sup>17</sup> Lee CHM, O’Leary J, Kirk P, Lower TA. Breastfeeding outcomes in Washington State: Determining the effect of Loving Support Peer Counseling Program and Characteristics of Participants at WIC Agencies. *J Nutr Educ Behav* 2017 Oct 19.

<sup>18</sup> McCoy MB, Geppert J, Dech L, Richardson M. Associations between peer counseling and breastfeeding initiation and duration: An analysis of Minnesota participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). *Matern Child Health J*. 2017.

<sup>19</sup> Chapman DJ, Morel K, Anderson KJ, Damio G, Pérez-Escamilla R. Review: Breastfeeding peer counseling: From efficacy through scale-up. *J Hum Lact*. 2010;26(3):314-26.

<sup>20</sup> Oniwon O, Tender JAF, He J, Voorhees E, Moon R, Reasons for Infant Feeding Decisions in Low-Income Families in Washington, DC. *J of Hum Lactation*. 2016 Nov;32(4):704-710. doi: 10.1177/0890334416653739.

<sup>21</sup> Tender JAF, Hollis-Henderson C, Janakiram J, Gai J, Bost J, Tanjutco P, Buek J. Integrating a WIC Breastfeeding Peer Counselor into an Academic Hospital’s Obstetric Clinic. *Submitted*.

- Identifying potential clients by incorporating a question about whether WIC-eligible pregnant patients have enrolled in WIC in the providers' electronic medical records.

### **B. Fund additional WIC breastfeeding peer counselors**

(WIC BFPCs) are cost-effective, allowing the hiring of more BFPCs than International Board Certified Lactation Consultants (Table 2). The average salary of BFPC is \$36,000 plus benefits. One of the BFPC's roles could be to provide outpatient support in obstetric clinics with large numbers of WIC-eligible mothers. They would speak with families about breastfeeding prenatally and enroll them in WIC.

### **C. Provide ongoing education and training to all WIC staff**

- Ensuring that all new WIC staff complete evidence-based breastfeeding education courses
- Providing quarterly breastfeeding continuing education for all WIC staff
- Creating structured mentoring opportunities for new BFPCs to shadow experienced WIC BFPCs, WIC Breastfeeding Coordinators and Lactation Consultants
- Expanding training sessions for BFPCs to build skills in telehealth best practices, participant-centered counseling, and cultural competency.

### **Recommendation 3: Improve postnatal breastfeeding support for mothers and families.**

In its [Guide to Strategies to Support Breastfeeding Mothers and Babies](#)<sup>22</sup>, the CDC presents nine strategies for public health professionals and others to support breastfeeding mothers and increase breastfeeding rates. The guide defines the strategies, explains the rationale for why the strategy is important and reviews the evidence to demonstrate the effectiveness of the strategies. Recommendation # 3 aligns with two of the strategies included in the guide: Access to professional support (Strategy 3) and peer support programs (Strategy 4). Both strategies are associated with an increase in exclusive breastfeeding and longer breastfeeding duration. These strategies are especially important among communities with lower rates of breastfeeding, including African American and lower-income families.

Mayor Bowser and DC Health can support this recommendation through 4 strategies, described below.

### **A. Ensuring breastfeeding is included as a priority in Title V funding** until all DC residents meet Healthy People breastfeeding goals. Specifically, ensure ongoing funding and expansion of lactation support centers staffed by IBCLCs, breastfeeding medicine physicians and lactation peer educators.

For the first time since 2004, breastfeeding was included as a priority in the 2015 Title V funding cycle. The DC Breastfeeding Coalition was awarded a one-year grant in the amount of \$299,978.58 with the potential to renew over a five-year cycle to conduct the *Creating a*

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<sup>22</sup> Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Atlanta: U.S. Department of Health and Human Services; 2013.

*Baby-Friendly District of Columbia Initiative.* This amount was increased to \$374,974 in FY18, \$505,946.90 in FY19 to support an expansion of the project scope to improve collaboration with DC WIC, and \$632,354.07 in FY20 to support further expansion of the project through local funding as a result of the passage of the Birth to Three Bill. A large portion of this funding has been used to provide staffing at the East of the River Lactation Support Center, in partnership with Children’s National Hospital.

The East of the River Lactation Support Center is located at Children’s National Anacostia with outreach to DC WIC sites, Howard University Hospital and DC Public Schools. The Center provides comprehensive lactation support to all DC residents with a focus on assisting low-income families. The East of the River Lactation Support Center staffs a breastfeeding medicine physician, 3 IBCLCs and 3.0 FTE breastfeeding peer counselors who provide prenatal classes and consultations, postpartum lactation consultations and support groups. In FY19, the program was able to provide support to 3030 unique individuals through in-person and telephonic lactation consultations and breastfeeding education classes. Across the four DC WIC program sites where additional access to professional lactation support was provided, between FY18 and FY19 there was an average 8.42% increase in any breastfeeding (range: 1.51% to 17.42%). The four locations were selected by the DC WIC State Agency as they had the lowest breastfeeding rates of all local agencies. There was a 3.25% increase in rates during this timeframe in the DC WIC State Total.

The DC Lactation Commission is recommending ongoing funding of Title V to continue staffing the East of the River Lactation Support Center. This Center fulfills the CDC’s recommendations to improve access to professional support and peer support programs and is the only lactation support center serving the East End of DC regardless of families’ ability to pay. At the time of the writing of this report, the funding priorities for the next cycle of Title V funding have not been released, so there is a chance that these services may not be available beyond December 2020, the date to which the current cycle of funding has been extended due to the COVID-19 pandemic.

- B. Continuing to provide outpatient support through a hotline** (e.g., Pacify) for all DC WIC participants and expand eligibility to non-WIC Medicaid beneficiaries that are less than 12 months of age. The current cost is \$217,000 annually for an unlimited number of enrollees.

At the close of FY20 DC WIC had enrolled 1,397 participants in the Pacify program. Of those 1,397 participants, there have been 2,265 clinical consults. Pacify IBCLCs provided advice to WIC participants on a range of breastfeeding challenges including poor latch, medications while breastfeeding, engorgement, mastitis, use of nipple shields, weight gain, breastfeeding while sick and maintaining milk supply. The average length for a consultation with an IBCLC was four minutes and 55% of clinical consults took place outside of WIC site hours. Participants’ feedback has been positive with a 4.7 star out of 5-star rating. Since the December 2017 launch to all WIC local agency sites, breastfeeding initiation rates for the DC WIC program have increased from 57% to 72% district-wide. DC WIC programs have also reached their goal of increasing African American breastfeeding rates to greater than 50% during FY19 and continues to strengthen its partnerships with public and private stakeholders.

Per the 2019 USDA report on National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017 Final Report: Volume I, 89% of the District’s WIC-eligible infants under 1 year receive WIC benefits. The District could negotiate a fair rate with Pacify to cover these additional 11% of families.

- C. Ensuring WIC-eligible mothers have an appointment with or are enrolled in WIC prior to being discharged from the birthing facility.** Recommendation #2 is to increase enrollment of pregnant women into WIC so the hope is these women’s infants can be easily transitioned into WIC after birth. For women who were not enrolled prenatally, the WIC outreach assistant can work with the WIC breastfeeding coordinator to develop the best strategy to ensure all WIC-eligible infants have either an appointment scheduled or are enrolled in WIC prior to hospital discharge.
- D. Improving obstetric, family practice, and pediatric providers’ education about breastfeeding, ability to counsel families and manage common breastfeeding challenges, and knowledge of when and to whom to refer for advanced professional support.** Health care providers play a crucial role in encouraging families to breastfeed and supporting the breastfeeding dyad. In a 2014 study of Washington, DC WIC participants, advice from physicians or nurses was the most frequently stated reason women decided to breastfeed. For WIC clients who exclusively formula fed or breastfed for less than 1 month, the authors asked them what would have encouraged them to breastfeed or breastfeed for a longer time. The responses cited most often were more help with breastfeeding problems, more assistance from medical providers, and improved milk supply (Oniwon, 2016). Unfortunately, many medical providers do not receive the practical training they need to help the breastfeeding dyad.<sup>23,24,25</sup>

In Commissioner Villalobos’ 2019 focus group study mentioned earlier, DC mothers reported that their health care providers played an important role in their breastfeeding experience. Health care providers, particularly the postpartum care team and pediatricians concerned about poor weight gain, were mentioned in stories about clinicians pushing formula use. Study participants shared stories of their newborns being given formula in the hospital without their consent and of being given formula samples and supplies at discharge despite insisting they intended to breastfeed. Participants also worried that their pediatricians were relying on old growth charts, built on research with formula-fed babies, to judge their breastfed babies’ weight gain, leading them to strongly encourage formula supplementation. Finally, several participants also described providers recommending hormone-based contraception without regard for their breastfeeding status, which led to milk supply issues and ultimately cessation of breastfeeding. In contrast, mothers of premature babies in neonatal intensive care units or who received care from midwives or birthing centers, reported their care teams approved of and staunchly encouraged breastfeeding, and provided the necessary support. These recent local data from African American DC residents suggest that health care providers, including

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<sup>23</sup> Schanler RJ, O’Connor KG, Lawrence RA. Pediatricians’ practice and attitudes regarding breastfeeding promotion. *Pediatrics*. 1999;103(3):E35.

<sup>24</sup> Feldman-Winter LB, Schanler RJ, O’Connor KG, Lawrence RA. Pediatricians and the promotion and support of breastfeeding. *Arch Pediatr Adolesc Med*. 2008;162(12):1142-1149.

<sup>25</sup> Radzimirski S, Clark Callister, L. Health Professionals’ Attitudes and Beliefs About Breastfeeding. *J Perinat Educ*. 2015; 24(2): 102–109.doi: [10.1891/1058-1243.24.2.102](https://doi.org/10.1891/1058-1243.24.2.102)

hospital staff, pediatricians, and community obstetrics and gynecology providers could benefit from continuing education to better promote and support breastfeeding in this population.

Almost every primary care and specialty medical provider will interact with breastfeeding mothers during their career and thus it is essential to educate all providers to ensure they are giving consistent, accurate information.

In order to ensure improvements to clinician education, the DC Lactation Commission recommends that DC Health **a) designate breastfeeding as a priority public health issue** ([Department of Health Public Notice Identifying Public Health Issues for Continuing Education](#)), given that licensed health professionals in DC are required to complete at least ten percent of their required total continuing education in the public health priorities of the District; **and/or b) mandate through legislation 1 hour of required continuing medical education** by amending the District of Columbia Health Occupations Revision Act of 1985 (e.g., <https://code.dccouncil.us/dc/council/laws/21-95.html>) to require continuing education for health occupations on the subject of breastfeeding (<https://dchealth.dc.gov/bomed>).

## V. Financial Impact of DC Lactation Commission Recommendations

**Recommendation 1: To ensure a strategic, evidence-based, community-engaged approach to improving breastfeeding in the District of Columbia, DC Health should develop a multi-year strategic “breastfeeding plan” with input from local stakeholders.**

Costing estimates below vary based on the extent to which new data are to be collected, the types of data needed (e.g., city-wide survey vs. focus groups vs. ward town halls, etc.), level of stakeholder engagement throughout the strategic planning process, and by bidder. If outsourcing, it would be most efficient to have the same contractor complete both deliverables in an 18-24 month timeframe. Outsourcing estimates are based on Commissioners’ experience bidding for similar projects and experience overseeing contracts with similar scopes of work.

Table 1: Estimated financial impact for comprehensive needs assessment

	Comprehensive Needs Assessment (Data Collection + Report)	Stakeholder-Engaged Multi-Year Strategic Plan Development
DC Health-led (public health analyst <sup>26</sup> 0.5 FTE @ \$70,000/yr + 26% fringe benefits, 18 months)	Approximately \$66,150	
Outsourced to contractor/consultant	\$20,000-\$50,000	\$15,000-\$30,000

**Recommendation 2: Improve prenatal breastfeeding education for mothers and families by increasing pregnant women’s enrollment in WIC and access to WIC breastfeeding peer counselors.**

Table 2: Estimated financial impact to increase WIC prenatal enrollment and BFPC obstetric outpatient support

Strategy	Annual Salary	Number of Positions	Total Expense
2A: Increase WIC enrollment • Outreach assistant	\$66,542/yr + 26% fringe benefits	1	\$83,843
2B: Breastfeeding peer counselor	\$36,000 + 26% fringe=\$45,360	2	\$90,720
2C: WIC staff education	In kind		In kind

<sup>26</sup>[https://dchr.dc.gov/sites/default/files/dc/sites/dchr/page\\_content/attachments/union\\_comp\\_1\\_2\\_x01\\_professionals\\_fy20.pdf](https://dchr.dc.gov/sites/default/files/dc/sites/dchr/page_content/attachments/union_comp_1_2_x01_professionals_fy20.pdf)

<b>Total Financial Impact</b>			<b>\$174,563</b>
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**Recommendation 3: Improve postnatal breastfeeding support for mothers and families.**

Table 3: Title V Estimated Cost

<b>East of the River Lactation Support Center</b>	<b>Annual Cost</b>
<ul style="list-style-type: none"> <li>• IBCLC x 3</li> <li>• Breastfeeding Medicine Physician (10% salary)</li> <li>• BF Peer Counselors (3.0 FTE)</li> </ul>	\$573,935
East of the River Lactation Support Center space is provided by Children's National Anacostia in kind	\$0
<b>Total Financial Impact</b>	<b>\$573,935</b>

Table 4: Maintain lactation support hotline (e.g., Pacify) cost estimate

<b>Current Pacify Cost</b>	<b>Additional 11% for Medicaid Participants Not Receiving WIC</b>	<b>Additional Cost</b>
\$217,000	\$23,870	<b>\$23,870</b>

Table 5: Estimated expense to improve health care provider breastfeeding education

<b>Strategy</b>	<b>Cost</b>
Designate breastfeeding as a public health priority	No cost
Create legislation for 1-hour breastfeeding CME	In kind by DC Breastfeeding Coalition
Create a 1-hour CME course for all health care providers: <ul style="list-style-type: none"> <li>• \$100/hr x15 hours preparation of course by health care providers and IBCLCs</li> </ul>	\$1,500
<b>Total Cost</b>	<b>\$1,500</b>

## Total Financial Cost Estimate

Table 6: Total Cumulative Financial Cost Estimate for all Recommendations

Recommendation Number	Cost
Recommendation 1: Comprehensive Needs Assessment	\$66,150*
Recommendation 2: Increase WIC enrollment and WIC breastfeeding peer counselors	\$174,563
Recommendation 3: Improve postnatal breastfeeding Support	\$599,305
<b>Total Estimate</b>	<b>\$840,018</b>

\*This is the upper estimate if DC Health led, estimate is lower if outsourced.



## VI. Conclusion

The DC Lactation Commission was established to make recommendations to the DC Mayor and DC Department of Health regarding legislative, programmatic, and policy strategies to reduce infant mortality and increase infant and child health outcomes through promotion, awareness, and support of breastfeeding and lactating mothers. The recommendations provided in this 2019-2020 report call on the Mayor and DC Health to 1) develop and implement a city-wide strategic plan for breastfeeding, 2) improve prenatal support by increasing enrollment in WIC and expanding prenatal breastfeeding education and 3) improve postpartum breastfeeding assistance through ongoing funding of outpatient lactation support and breastfeeding education of all health care providers. Adoption and implementation of these three recommendations will help the Mayor, DC Health, and the DC Lactation Commission better understand and support the needs of the District's breastfeeding families. The DC Lactation Commission looks forward to feedback from DC Health and the Mayor and further discussions about this report.