Strategy #	Evidence-Informed Strategy	Potential State Actions	Potential Local Actions
1	Increase the number of fathers and family members, especially grandmothers, who learn about the importance of breastfeeding Terminology comment: Non-nursing partner to replace or add to father	Provide resources and outreach materials for fathers and family members Development of standardized breastfeeding messages for use by everyone who works with pregnant women, and their families	Educate fathers, families and support members to understand the importance of breastfeeding through outreach to families to accompany mothers who attend breastfeeding classes / support
2	Fill unmet needs for peer support of breastfeeding	Provide quality, trained facilitator-led breastfeeding support groups, both prenatally and postpartum Collaborate with other organizations to learn the level of unmet need for peer support of breastfeeding in the community or state, as well as to develop and implement a sustainable plan(s) for Title V support of these programs. It is especially important for pregnant teens and other underserved women to receive support for self- efficacy. Examples include: 1) International Center for Traditional Childbearing, which supports breastfeeding peer support groups and provides doula training 2) Nursing Mother's Counsel (a peer support program available in metro areas) which has a warm-line, and has trained lactation counselors 3) LaLeche League groups 4) WIC peer support programs (such as "Loving Support makes Breastfeeding Work"), including	Support and fund community-based organizations to promote and support breastfeeding among communities of color Collaborate with local community–based organizations and hospitals to support creation &/or maintenance of mother-to-mother support groups

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		training of WIC staff, other health department staff and community members, and training to become International Board Certified Lactation Consultants (IBCLCs) Support and fund community-based organizations to promote and support breastfeeding among communities of color	
3	Social marketing for promotion / benefits of breastfeeding	Plan and conduct a social marketing campaign to reach young women and families with messages about the benefits of breastfeeding Promote Text4Baby statewide	Plan and conduct a social marketing campaign to reach young women and families with messages about the benefits of breastfeeding Plan and implement a social marketing campaign to increase use of Text4baby, which provides breastfeeding messages
4	Education/training of health care providers about breastfeeding	Establish and incorporate minimum requirements for competency in lactation care into health programs serving pregnant & postpartum women (e.g. MCM, home visit, etc.) Provide training and continuing education to ensure maintenance of minimum competencies and skills Develop state-wide training materials for HCPS and hospital staff for Baby Friendly hospitals	Ensure local staff meets minimum competency and skills in lactation care and support training and continuing education Home visiting breastfeeding consultant Develop a lactation community of practice where IBCLCs partner and mentor “Breastfeeding Champions” who work in primary care clinics (Multnomah County)
5	Improve the rate of breastfeeding among mothers who are clients of public health programs	Institute a continuous quality improvement project in the MCM program to measure and increase the percentage of pregnant women who have plans to breastfeed	Implement QI project

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		Institute continuous quality improvement projects in the MIECHV, Babies First, and CaCoon home visiting programs to measure and increase (if needed) the amount and/or quality of breastfeeding education and support provided to new mothers	
6	Education of pregnant women about breastfeeding	Collaborate with hospitals, primary care providers and CCOs to expand structured prenatal breastfeeding education classes/workshops and/or other means of promoting plans to breastfeed among pregnant women; prenatal education should be a covered benefit. To be most effective, education should include discussion of the benefits and management of breastfeeding Partner with doula organizations to protect natural childbirth / decrease unnecessary birth interventions Development of standardized breastfeeding messages for use by everyone who works with pregnant women, and their families	Collaborate with hospitals, primary care providers and CCOs to expand structured prenatal breastfeeding education classes/workshops and/or other means of promoting plans to breastfeed among pregnant women; prenatal education should be a covered benefit. To be most effective, education should include discussion of the benefits and management of breastfeeding
7	Increase the availability of breastfeeding support from professionals	Collaborate with organizations that provide breastfeeding support from professionals (including nurses, lactation consultants, dieticians) during the postpartum period to increase the reach of their programs to support more new mothers. Support in a variety of settings (e.g., WIC, home, by telephone) is evidence-based. Foster and support partnerships to increase the number of racial and ethnic minority IBCLCs to provide breastfeeding counseling	Collaborate with organizations that provide breastfeeding support from professionals (including nurses, lactation consultants, dieticians) during the postpartum period to increase the reach of their programs to support more new mothers. Support in a variety of settings (e.g., WIC, home, by telephone) is evidence-based. Foster and support partnerships to increase the number of racial and ethnic minority IBCLCs to provide breastfeeding counseling

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		Remove barriers to IBCLC certification for diverse populations Training and support for IBCLCs to be mentors and preceptors so they feel more comfortable in that role IBCLC home visits covered by insurance / OHP Work with CCOs to improve access to lactation services Education about rights for lactation services / pumps under the ACA, and how to advocate for insurance coverage Support services are accessible and provided in a timely and culturally appropriate way	Support services are accessible and provided in a timely and culturally appropriate way
8	Promote implementation of Baby-Friendly Hospital Initiative Comment: add "10 Steps to Successful Breastfeeding"	Advocate for CCOs and OHP to adopt a measure and standard regarding Baby Friendly practices for hospitals Promote implementation of Baby Friendly Hospital Initiative through communication with CCOs hospitals, partners Help smaller hospitals achieve Baby Friendly status; address financial barriers, staff education	Collaborate with birthing hospitals and birthing centers to develop or strengthen partnerships for integrated and continuous follow-up care after hospital discharge Establish referral pathways Provide training opportunities
9	Increase access to workplace breastfeeding support	Collaborate with the Health Promotion and Chronic Disease Prevention section and Healthy Communities to increase access to workplace breastfeeding support as part of worksite wellness efforts (1305 funding) Promote comprehensive, high-quality lactation support programs in worksites and as part of employee benefits package via partnership development	Foster community partnerships in promotion and adoption of lactation accommodation laws Provide education and technical assistance about benefits of comprehensive, high-quality support for breastfeeding employees

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		Conduct assessment and surveillance about compliance with lactation accommodation laws and workplace policies Decrease barriers to breast pump access Work with CCOs to improve access to breast pump coverage Streamline process to obtain breast pump from insurance without long wait periods	Promote innovative programs that allow mothers to directly breastfeed their babies after they return to work Develop / promote workplace policy and practice tools for employers (Multnomah County) Decrease barriers to breast pump access
10	Provide resources on breastfeeding for early childhood care and education	Add new resources for early childhood education to the PHD breastfeeding web pages Update breastfeeding information in the Oregon Kids Health & Safety manual for early childhood care and education	Provide resources to ECE providers about implementing a breastfeeding friendly environment, safe storage and handling of breast milk and local resources and referrals Promote available breastfeeding training to ECE providers
11	Increase the support of breastfeeding at child care settings through training and workforce development	Develop local public health consultation role for ECE providers Develop/identify training resources	Provide public health consultation for ECE providers to support breastfeeding E.g. Develop a written breastfeeding policy, storage and handling of breast milk, provide employee breastfeeding support, training about resources and referrals In Multnomah Co.—Collaborate with Achieve coalition / REACH which will be working with child care sites as one of their target settings
12	Increase the support of breastfeeding at child care settings through policy and planning	Collaborate with the Oregon Office of Child Care, the Childhood Care and Education Coordinating Council, Child Care Resource and Referral organizations, community organizations, and/or child care providers to improve support for breastfeeding at child care sites.	Support implementation of child care policies through child care health consultation

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		1) examine, and improve where indicated, child care and early education licensing regulations to address breast milk storage and handling 2) advocate for requiring education on how to support breastfeeding mothers and how to store, handle and feed breast milk to infants in training/education for child care and education workers 3) advocate for including support of breastfeeding mothers and feeding breast milk to infants in the Quality Rating and Improvement System (QRIS) standards 4) Work with Oregon Public Health Institute, which convenes Right from the Start (has a breastfeeding focus), and is developing early childhood education provider curriculum for professional development / QRIS level5)	
13	Advocate for program policies that support breastfeeding	Continue collaboration with the Oregon Health Plan/Medical Assistance Programs, the Health Evidence Review Commission (HERC), the Quality and Health Outcomes Committee (QHOC), and CCOs for implementation of policy coverage for lactation services & breast pumps Continue partnership with the Oregon Child and Adult Care Food Program (CACFP) which will be implementing new food guidelines that benefit breastfeeding families, to advocate for guidelines that support breastfeeding Support statewide networks for home- or clinic-based follow-up care provided to all newborns in state	Foster partnerships with CCOs, hospitals and FQHCs for implementation of HERC policy coverage Support TANF policy for breastfeeding women in JOBS program Standardize coordination of care among hospital and community settings, including CCOs, public health and FQHCs

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14	Implement paid family leave This strategy could possibly fit under 13		Multnomah County has passed paid family leave for public employees
15	Access to donor human milk		
	Recommendations for breastfeeding coalitions that work across strategies	More opportunities to convene those engage in support, promotion and protection of breastfeeding across the state, to develop patient and consistent ongoing support of networking and social cohesion among culturally specific and geographic breastfeeding coalitions Create or seek capacity building grant for culturally specific coalitions if they are interested Work to connect the regional health equity coalitions with geographic and culturally specific breastfeeding support groups Additional resources devoted to support culturally specific breastfeeding coalitions	

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