

#EveryStepoftheWay Through the 1,000 days:
**Improving Community Health through
Continuity of Care in Chest/Breastfeeding
Support**

November 18, 2021

About NACCHO

The National Association of County and City Health Officials (NACCHO) comprises nearly **3,000 local health departments** across the United States. Our mission is to **improve the health of communities** by strengthening and advocating for local health departments.

www.naccho.org

NACCHO Chest/Breastfeeding



ENABLING CHEST/BREASTFEEDING TO BE THE FEASIBLE, DEFAULT CHOICE IN COMMUNITIES, through:
Reducing Breastfeeding Disparities through Peer and Professional Support project (2014-2018)
Reducing Breastfeeding Disparities through Continuity of Care (2019-2022)

<https://naccho.org/programs/community-health/maternal-child-adolescent-health/breastfeeding>

Acknowledgement & Disclosures



The Continuity of Care (CoC) Blueprint development is part of the *Reducing Disparities in Breastfeeding through Continuity of Care* project, which is funded by the Centers for Disease Control and Prevention Division of Nutrition, Physical Activity, and Obesity (DNPAO).

The views expressed within do not necessarily represent those of the sponsor.



Blueprint content related to strategies, barriers, and resources is the result of collective intellectual work of the experts who participated in development meetings for the blueprint. Content is supported by research – evidence-based, promising practices and/or lived experience.



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1.0 CME
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0.1 CEU

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credits

**Slides and recording link will be shared with all those who registered.
More CE information will be shared at the end of the webinar.*

Learning Objectives



1

Discuss lactation as a health promotion strategy

2

Describe a community lactation assessment process

3

Identify at least one public health partnership to advance continuity of care in the community

4

Describe the role of multisectoral partnership in establishing continuity of care in breastfeeding support



Community Health and Continuity of Care in Chest/Breastfeeding Support

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National Association of County and City Health Officials



Lactation as a Health Promotion Strategy

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Wichita State University



Healthy Savannah: Conducting Lactation Landscape Assessments

Nandi A. Marshall, DrPH, MPH, CHES

REACH Savannah/ Georgia Southern University



Community Solutions to Co-create Lactation Support and Infant Feeding in Emergencies

Allison Wilson, MPH, CLC & Brenda Rodriguez, MSOL, RD, CLC

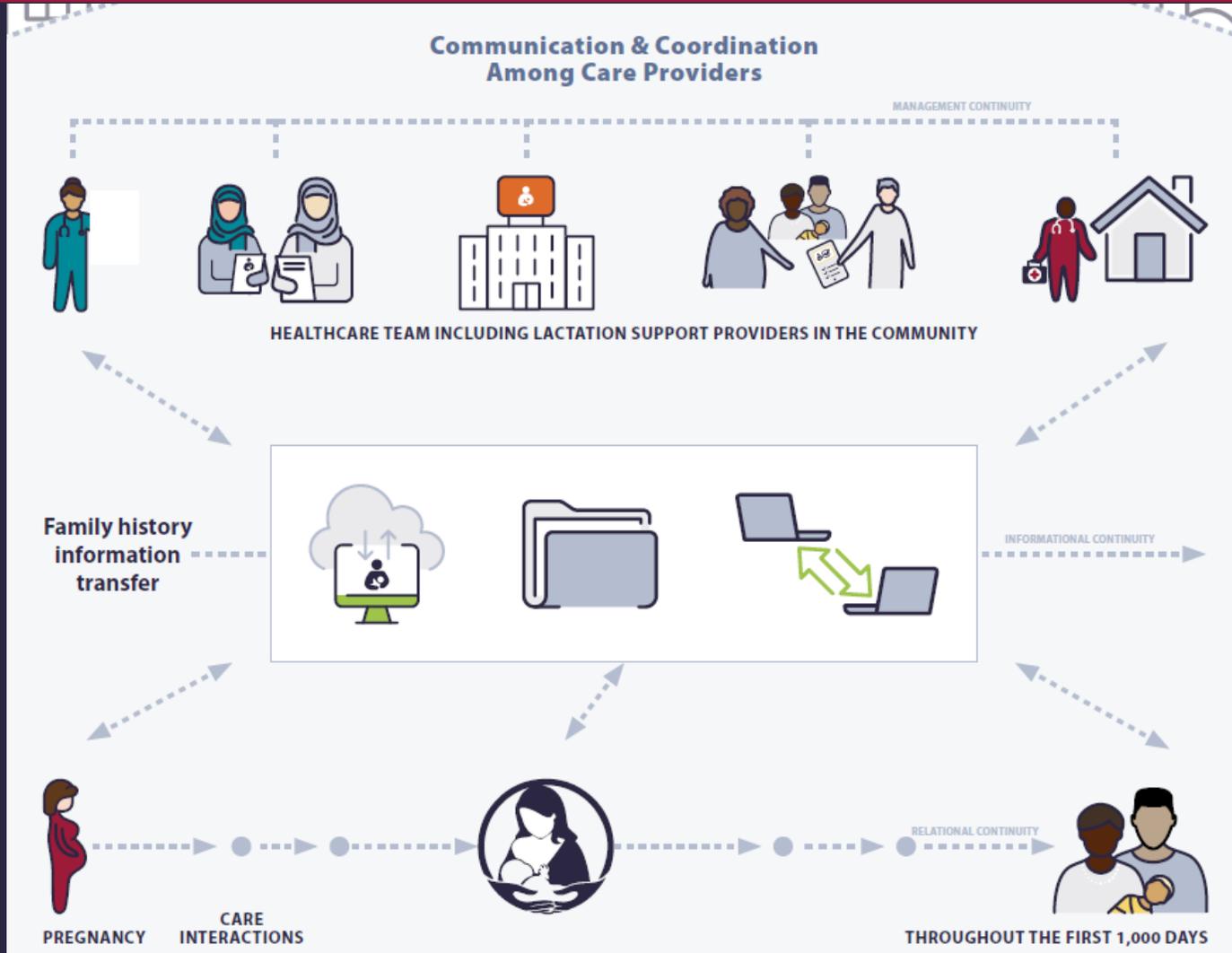
Jefferson County Public Health & Conectando



Questions, Comments and Answers



What is Continuity of Care (CoC)?



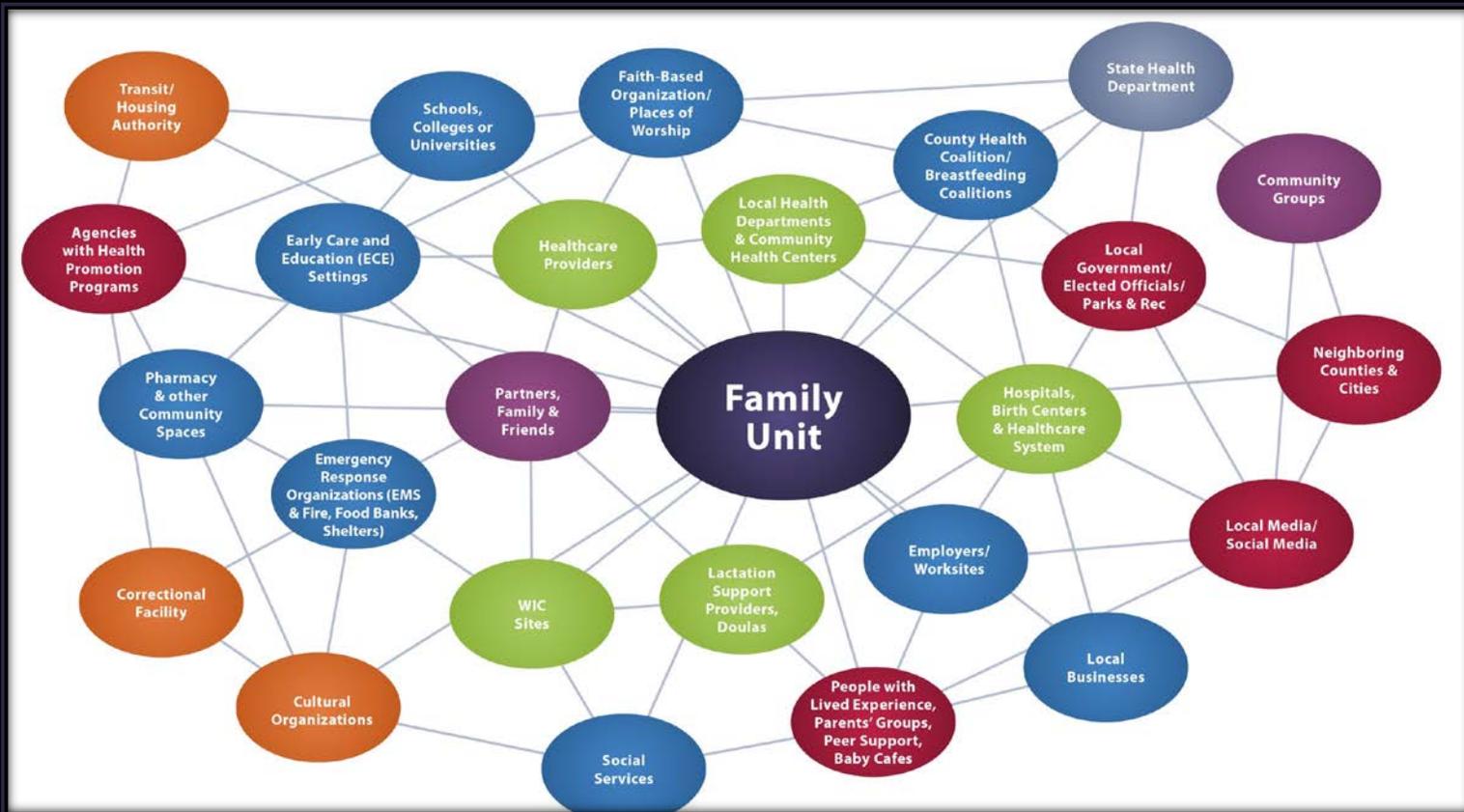
Continuity of care in chest/breastfeeding support is achieved by **consistent, collaborative, and seamless** delivery of high-quality services for families from the prenatal period until no longer breastfeeding. Continuity of care results in transitions of care that are **coordinated and fully supportive of families** throughout their chest/breastfeeding journey.

Continuity of Care in Chest/ Breastfeeding:

Communication, Coordination among providers/organizations



Consistency of supportive policies, systems, and environments (PSEs) in the community



LOCAL HEALTH SYSTEM FOR CHEST/BREASTFEEDING:

Families need consistent supportive environments and different levels of skilled lactation support at various times through the first 1,000 days



Community Infrastructure Recommendations

- 

1 Integrate breastfeeding promotion, protection, and support goals into existing community health improvement strategies and as a component of health promotion programs.
- 

2 Create environments that proactively promote, protect, and support chest/breastfeeding throughout the community, in spaces where families live, work, play, worship, shop, travel, receive services, and raise children.
- 

3 Implement a care coordination system across the prenatal through weaning stages, including the development of formal referral systems, follow-up accountability, and hand-off protocols during transitions of lactation care from one provider or setting to another.
- 

4 Develop a shared community breastfeeding database system to track infant feeding consistently for community health collective impact efforts.



Lactation Workforce Recommendations

- 5** Increase community capacity to provide consistent, tailored, evidence-based lactation education and support by regularly training all individuals who provide services to the family unit.
- 6** Provide family-centered lactation care that is responsive to the intersectionality of families' multiple identities, their social determinants of health, and other factors impacting their infant feeding journey.
- 7** Assume a community champion role, beyond the provision of direct services, by identifying and engaging key stakeholders to identify and help remove structural barriers to chest/breastfeeding within systems, organizations, and the community.

Recommendation 1

Integrate breastfeeding promotion, protection, and support goals into existing community health improvement strategies and as a component of health promotion programs



1

Community Infrastructure Recommendations

Breastfeeding as a Community Health Improvement Strategy

Recommendation:
Integrate breastfeeding promotion, protection, and support goals into existing community health improvement strategies and as a component of health promotion programs.

Strategies 1

1.1
Conduct a breastfeeding community needs/assessments to understand the local lactation support landscape. The analysis should include breastfeeding rates, availability of direct care services and agencies, social norms, structural barriers, and input from LSCs and families with lived experience to understand how they experience their breastfeeding CoC in their infant feeding journey.

1.2
Incorporate breastfeeding indicators and goals into community health assessments/community health needs assessments (CHAs/CHNAs). Integrate breastfeeding support as a strategic intent into community improvement plans (CIPs) and other community health strategic plans.

1.2
Educate public health professionals about the connection between breastfeeding and the numerous health risk reductions across the lifecycle related to such program areas such as breastfeeding and childhood obesity, breastfeeding and chronic disease prevention, safe sleep.

1.3
Integrate the tracking of breastfeeding education and support activities into performance measures of public health initiatives, such as chronic disease prevention programs, infant and maternal mortality reduction initiatives, early childhood education, child neglect prevention, food security programs, emergency preparedness and response efforts.

Rationale 1

Despite solid evidence from decades of infant feeding research establishing the importance of human milk and the risks of breast milk substitutes (Krause et al., 2016), there continues to be a failure to recognize the importance of breastfeeding for infant health (Campbell, 2017¹⁹; Kwon et al., 2020²⁰), during normal times and especially during public health emergencies.

Community assessments are essential to understanding the health status and root causes that affect the local public health system and the community. The analysis of the data collected identifies the need for funding and informs where priority efforts are needed. The results can inform specific community needs and wants, potential partners, awareness of community assets, and the identification of resources that can be leveraged while providing context for the development of strategic support resource guides (CDC, n.d.²¹).

A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process (CDC, 4th). Without concerted efforts to collect infant feeding data during community assessments and intentionally tap into lactation support as a powerful strategy to improve community health, child breastfeeding programs and services are often left out of community health improvement plans and the financial investment opportunities to address community health priorities.

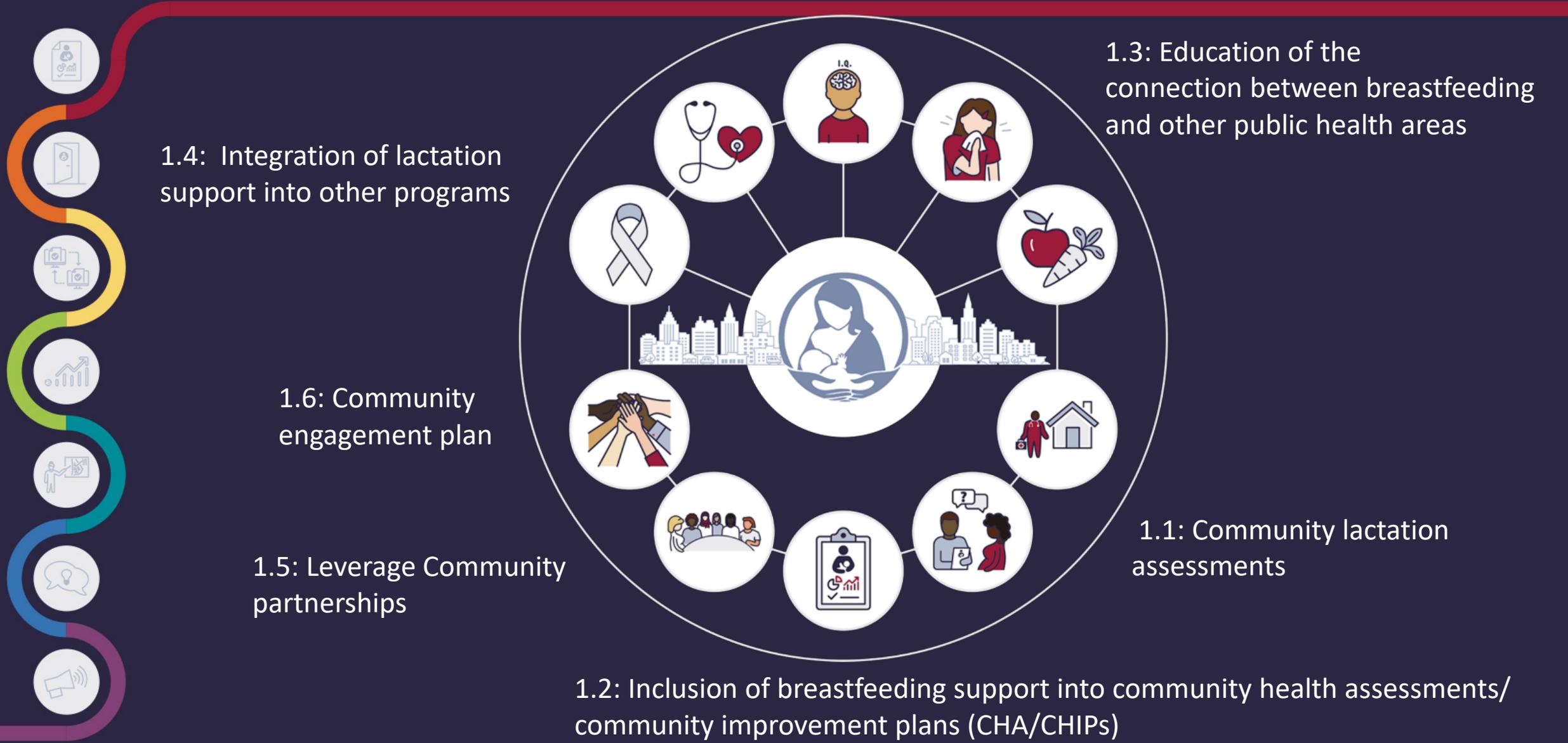
The inclusion of breastfeeding in the city and county overall community health improvement (CHIP) strategies is a pivotal opportunity to improve population health and tackle health inequities. Lactation promotion, protection, and support will lead to overall community health improvement, since breastfeeding has a positive effect on the health status of breastfed individuals throughout their life cycle and is also associated with long-term decreases in chronic disease risk among lactating parents (Krause et al., 2017; Victoria et al., 2016²²). CoC in breastfeeding support activities can be incorporated in CHIP priorities and many other public health programs, such as infant and maternal mortality reduction initiatives, obesity, and chronic disease reduction strategies. Moreover, it is important to educate local partners and the public about the connection between breastfeeding and community health improvement.

Family units have diverse and changing needs of support throughout the first 1,000 days. Not one single entity is able to meet all the needs of a family. The complex care paradigm is a framework that seeks to improve the health and wellbeing of those who cycle through healthcare, social services, and other systems. Complex care works at the systems level by creating care ecosystems through local networks of organizations that collaborate to address health and social needs of families together (Furrow et al., 2018²³). Partnerships with other community organizations enable leveraging multi-organizational resources, skills, and policies, and systems to expand service capacity and integrate breastfeeding support into other public health programs (Bris, Kelly et al., 2019²⁴). Breastfeeding services should be incorporated into or co-located within established systems and be provided around the same time as existing well-attended programs, rather than being

Resources, Tools and Examples From the Field 1

Infant and Young Child Feeding in Emergencies
Abbreviated Version - Infant and Young Child Feeding <https://www.unicef.org/emerg/files/44662main>
Americans Academy of Pediatrics - Infant Feeding in Disasters and Emergencies <https://www.aap.org/clinical-resources/infant-feeding-in-disasters-and-emergencies>
Carolina Child Breastfeeding Institute - Lactation and Infant Feeding in Emergencies <https://www.ccbi.org/infant-feeding-in-emergencies>
CDC's Consideration Joint Statement <https://www.cdc.gov/media/releases/2017/s170822-infant-feeding.html>
Johnson County Health Department, CH Model Practice Award Infant Feeding Services and Training Included in County's Emergency Preparedness Plan <https://www.jchd.org/infant-feeding-services>
New Orleans Breastfeeding Center - Infant Feeding Emergency Feeding Program <https://www.nobcc.org/infant-feeding-emergency>
USAID <https://www.usaid.gov/our-work/infant-feeding>
United States Breastfeeding Committee <http://www.usbreastfeeding.org/press-releases>

Community Partnerships
Agency for Healthcare Research & Quality (AHRQ) - Linkages Between Child of Practice and Community Organizations for Prevention - Final Report <https://www.ahrq.gov/research/publications/child-of-practice-and-community-organizations-for-prevention>
Creating Community Partnerships with WIC for Breastfeeding Services <https://www.wic.gov/infant-feeding>
Integrating Breastfeeding into Home Visiting <https://www.nccih.gov/infant-feeding>
Leveraging CoC, WIC Partnerships to Address Social Determinants of Health - CPJA Briefing (October 2018) <https://www.coc.org/infant-feeding>
NACCHO Webinar - Leveraging Health and Partnership for Sustainability of Breastfeeding Services <https://www.naccho.org/infant-feeding>
NACCHO Webinar - Leveraging Health and Partnership for Sustainability of Breastfeeding Services <https://www.naccho.org/infant-feeding>
NACCHO Breastfeeding Series: Community Partnerships Webinar <https://www.naccho.org/infant-feeding>
Partnerships: Diet et al. (2013), Linkages between Child Practices and Community Organizations for Prevention: A Literature Review and Recommendations <https://www.ahrq.gov/research/publications/child-of-practice-and-community-organizations-for-prevention>
Peer-to-peer breastfeeding for health <http://bit.ly/peer-to-peer-breastfeeding>
Prevention Institute: The Spectrum of Prevention <https://www.preventioninstitute.org/spectrum-prevention>



1.4: Integration of lactation support into other programs

1.6: Community engagement plan

1.5: Leverage Community partnerships

1.3: Education of the connection between breastfeeding and other public health areas

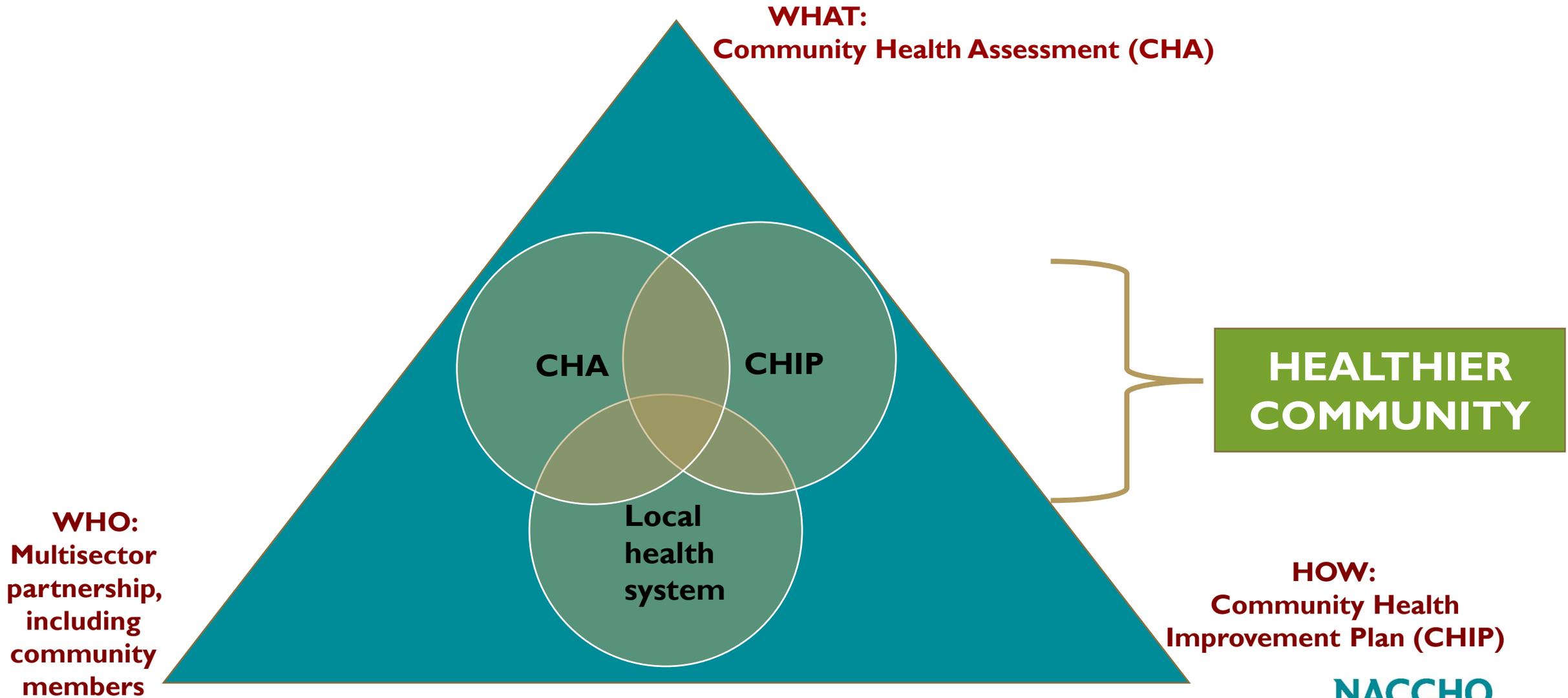
1.1: Community lactation assessments

1.2: Inclusion of breastfeeding support into community health assessments/ community improvement plans (CHA/CHIPs)

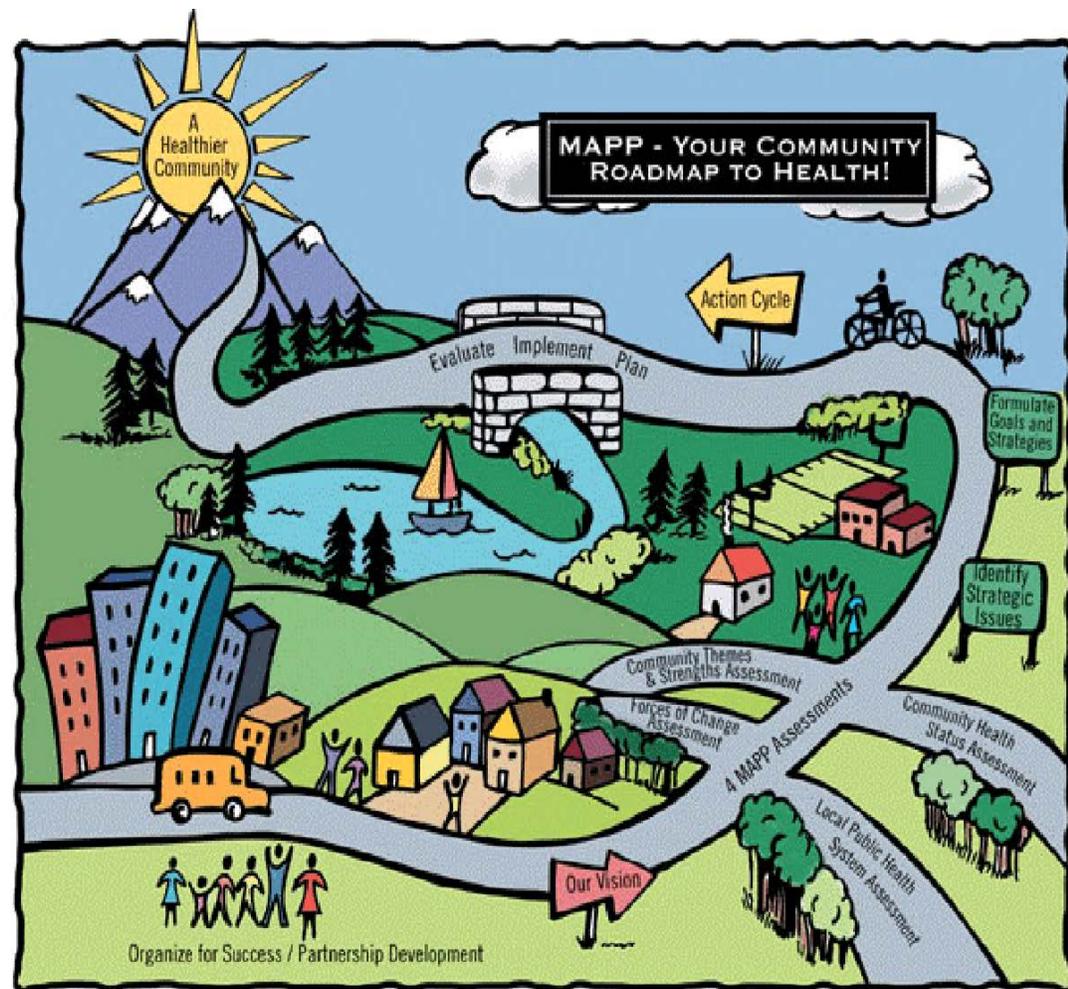
1.1-1.2: Integration of lactation support into community health assessment & community health improvement plans (CHA/CHIP)



Improving Community Health



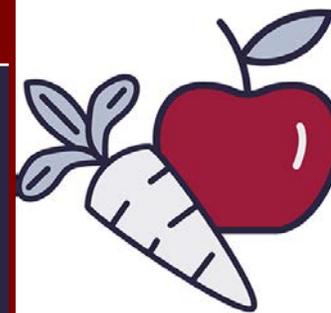
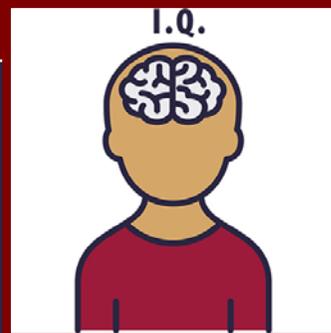
Mobilizing for Action through Planning & Partnerships (MAPP): Framework for CHA/CHIP, Strategic Planning



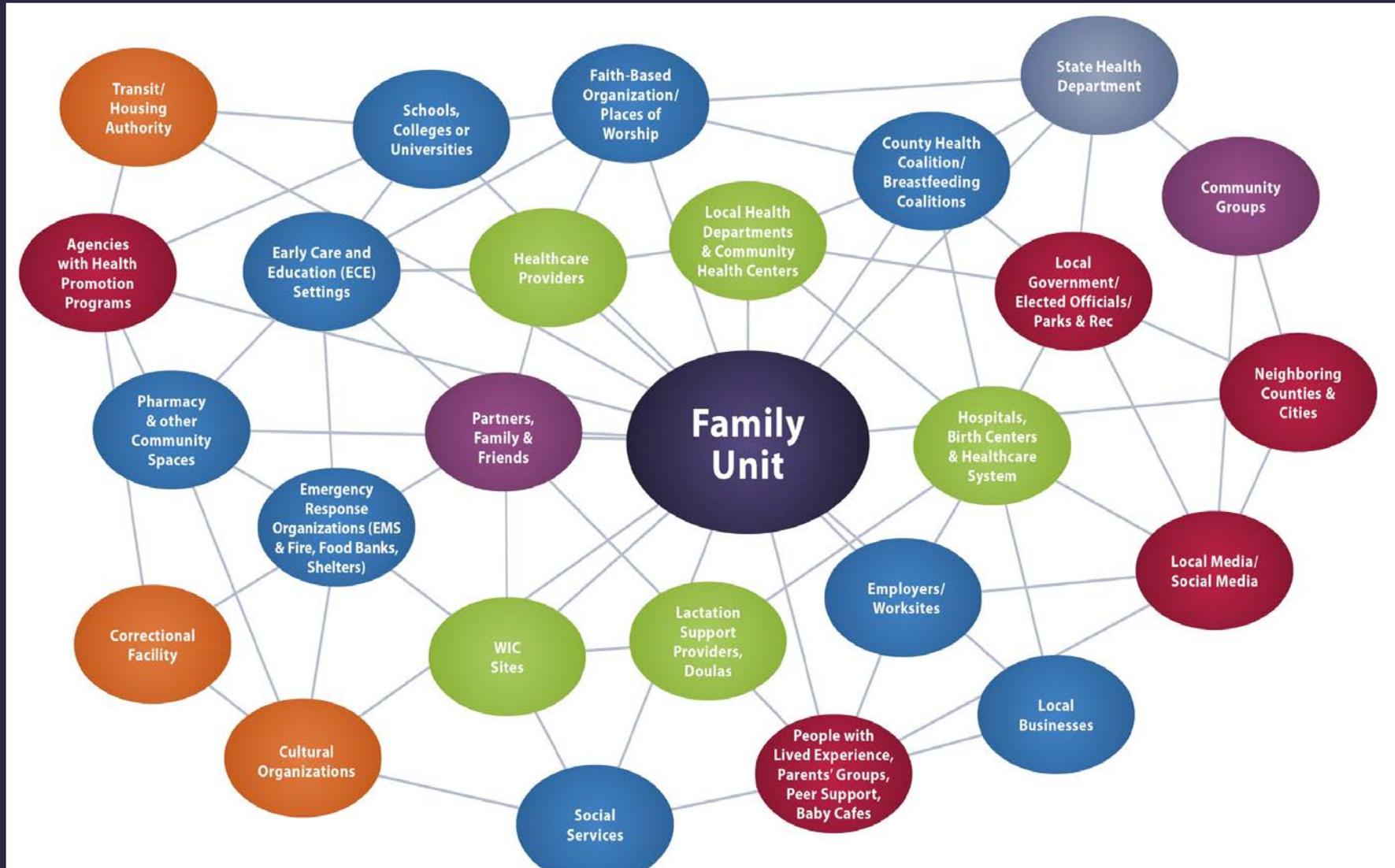
- Creates a stronger infrastructure
- Builds leadership and stronger partnerships
- Aligns duplicative efforts to maximize efficiency
- Increases visibility
- Creates advocates
- Strengthens health equity efforts
- Creates a healthy community

* MAPP is current being updated

1.3-1.6: Connection between breastfeeding and other public health areas and integration of lactation support into other programs



Local Health System For Chest/Breastfeeding



Continuity of Care and Complex Care paradigm: care ecosystems through the local networks to address health and social needs of families



Recommendation 1 in Action: Examples from the Field

1. Community Lactation Assessments
2. Integrating lactation support into CHIP
3. Including lactation support/CoC into chronic diseases prevention



NACCHO current CoC in chest/breastfeeding projects

Identifying Care Gaps:
Conducting **Community Assessments** to
Improve the
Chest/Breastfeeding
Landscape

November 2020- November 2021

Implementing the
Continuity of Care in
Breastfeeding Support
Blueprint

November 2021- July 2022





Lactation landscape as a 3-part assessment

1. Community status/ local data
2. Community partners
3. Community context/ families' voice



In collaboration with community partners: strategic planning

1. Forces of Change
2. What's Next for CoC Workshop



Center for African American Health
Denver, CO

CHOP Neonatology Division
Philadelphia, PA

East Side Health District
East St Louis, IL

Coahoma County Diaper Bank
Clarksdale, MS

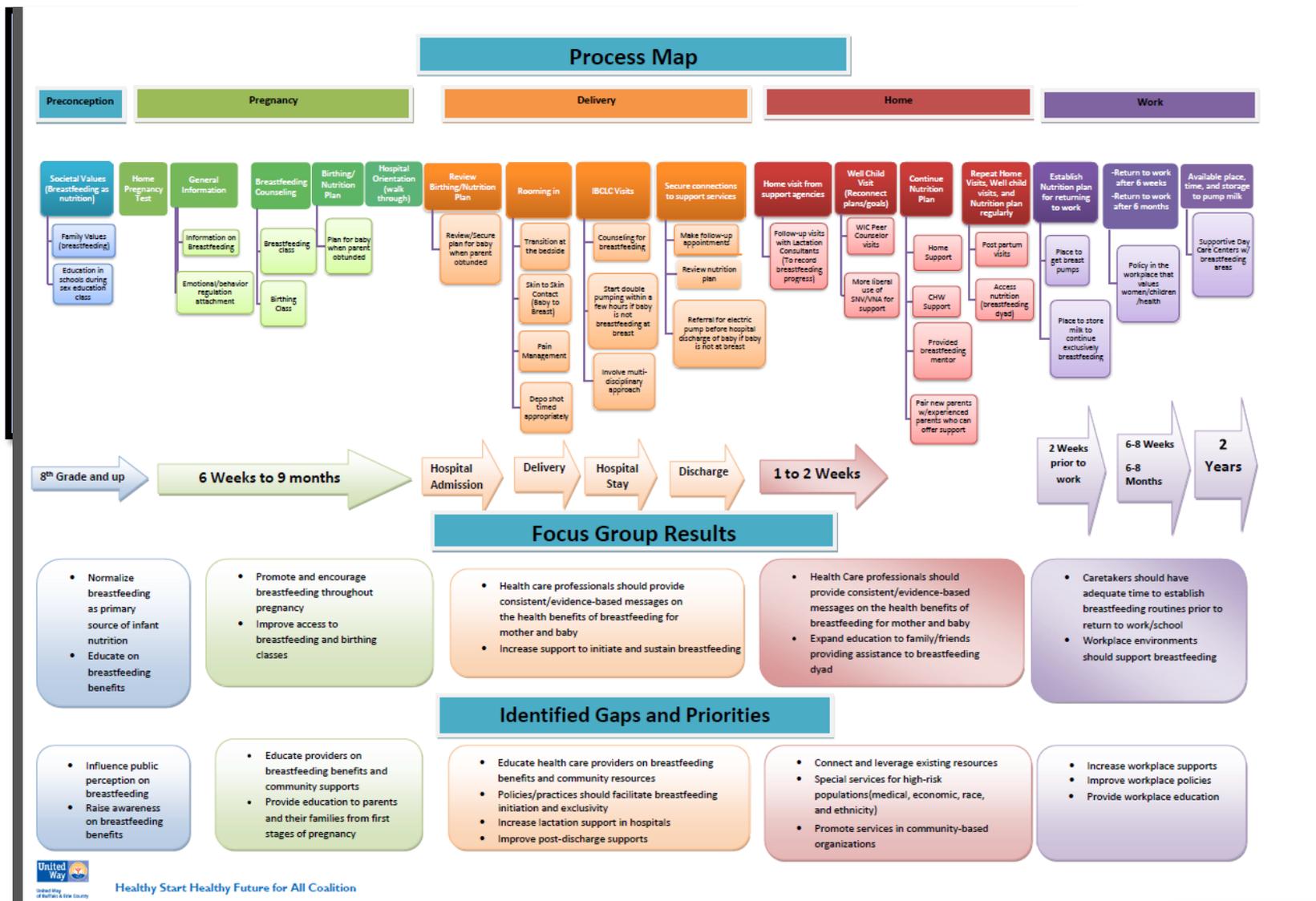
Healthy Hearts Plus II
North Chesterfield, VA

Hmong Breastfeeding Coalition
Saint Paul, MN

Latina Lactation of Southwest Kansas
Southwest KS

Northeast Valley Health Corporation
San Fernando, CA

Integrating Breastfeeding into CHIP: Erie County, NY



Without concerted efforts to collect infant feeding data during community assessments and tap into lactation support as a powerful strategy to improve community health, chest/ breastfeeding programs and services are often left out of community health improvement plans and the financial investment opportunities to address community health priorities.

Racial and Ethnic Approaches to Community Health (REACH)

- Works to improve community health and end health disparities
- Partners with racial and ethnic communities to make healthy choices easier and improve access to chronic disease programs
- Strategies include:
 - Physical activity
 - Tobacco free living
 - Community-clinical linkages
 - Access to healthy foods
 - **Lactation support through Continuity of Care**



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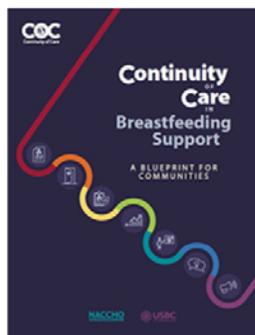
Continuity of Care in Breastfeeding Support

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Home

Blueprint

search



DOWNLOAD



THE CONTINUITY OF CARE IN BREASTFEEDING SUPPORT BLUEPRINT

The Blueprint, developed with a public health lens, aims to increase local capacity to implement community-driven approaches to support chest/breastfeeding, centered on the needs of populations disproportionately impacted by structural barriers that leads to low rates of breastfeeding.

The goal of this resource is to ensure that chest/breastfeeding support services are continuous, accessible, and coordinated, and that community spaces are consistently supportive of chest/breastfeeding families.

This resource is intended for any local-level organization and individual that interacts with pregnant and postpartum families.

Starting in November 2021, this website will be updated with resources frequently. If you would like to contribute with a relevant resource, please contact breastfeeding@naccho.org.

To see additional information, upcoming webinars, and other resources visit the [Continuity of Care in Breastfeeding Support homepage](#).

BREASTFEEDING AS A
COMMUNITY HEALTH
IMPROVEMENT
STRATEGY

LEARN MORE >>>

BREASTFEEDING
POLICIES, SYSTEMS
AND ENVIRONMENTAL
CHANGES

LEARN MORE >>>

TRANSFER OF CARE
ACCOUNTABILITY
AND REFERRAL
SYSTEMS

LEARN MORE >>>

COMMUNITY-DRIVEN
CHEST/
BREASTFEEDING
DATA SYSTEM

LEARN MORE >>>

www.breastfeedingcontinuityofcare.org/blueprint

Submit new resources to breastfeeding@naccho.org

Lactation as a Health Promotion Strategy

Jolynn Dowling, MSN, APRN, NNP-BC, IBCLC



LACTATION AS A HEALTH PROMOTION STRATEGY

Jolynn Dowling MSN, APRN, NNP-BC, IBCLC

Janice M. Riordan Distinguished Professorship in Maternal Child Health



INSIGHT GAINED FROM THIS PRESENTATION

- Appreciation of how lactation contributes to the health of the community as an overall health promotion and investment strategy
- Greater understanding of the importance of breast/chestfeeding to reduce maternal and infant health risks
- Link the socioecological model and breastfeeding key indicators to inform community CHA and CHIP

WHY IS LACTATION IMPORTANT?

1. Improves Economies
2. Reduces Health Risk
3. Sustains the Environment



IMPROVE ECONOMIES

Key Indicator: Exclusive Breastfeeding at 6 months



LOWER-MIDDLE INCOME COUNTRIES



UNITED STATES



KANSAS

Source: AAP, 2012; Shekar et al., 2017; WHO, 2014

Breastfeeding Saves Lives Calculator:
www.usbreastfeeding.org/saving-calc

HEALTH RISK REDUCTION

Maternal	Infant
<p> Postpartum Hemorrhage Postpartum Depression Breast Cancer Ovarian Cancer Diabetes Cardiovascular Disease Obesity </p> <p> <small>(Figueirido et al., 2014; Jacobson et al., 2018; Rameez et al., 2019; Victora et al., 2016,)</small> </p>	<p> Respiratory Infection Otitis Media Gastrointestinal Disease/NEC SIDS Sepsis Meningitis UTI Leukemia Neuroblastoma Lymphoma Diabetes Feeding Self-Regulation </p> <p> <small>(AAP 2012; Horta et al, 2015; Lauwers, 2018; Victora, 2016)</small> </p>

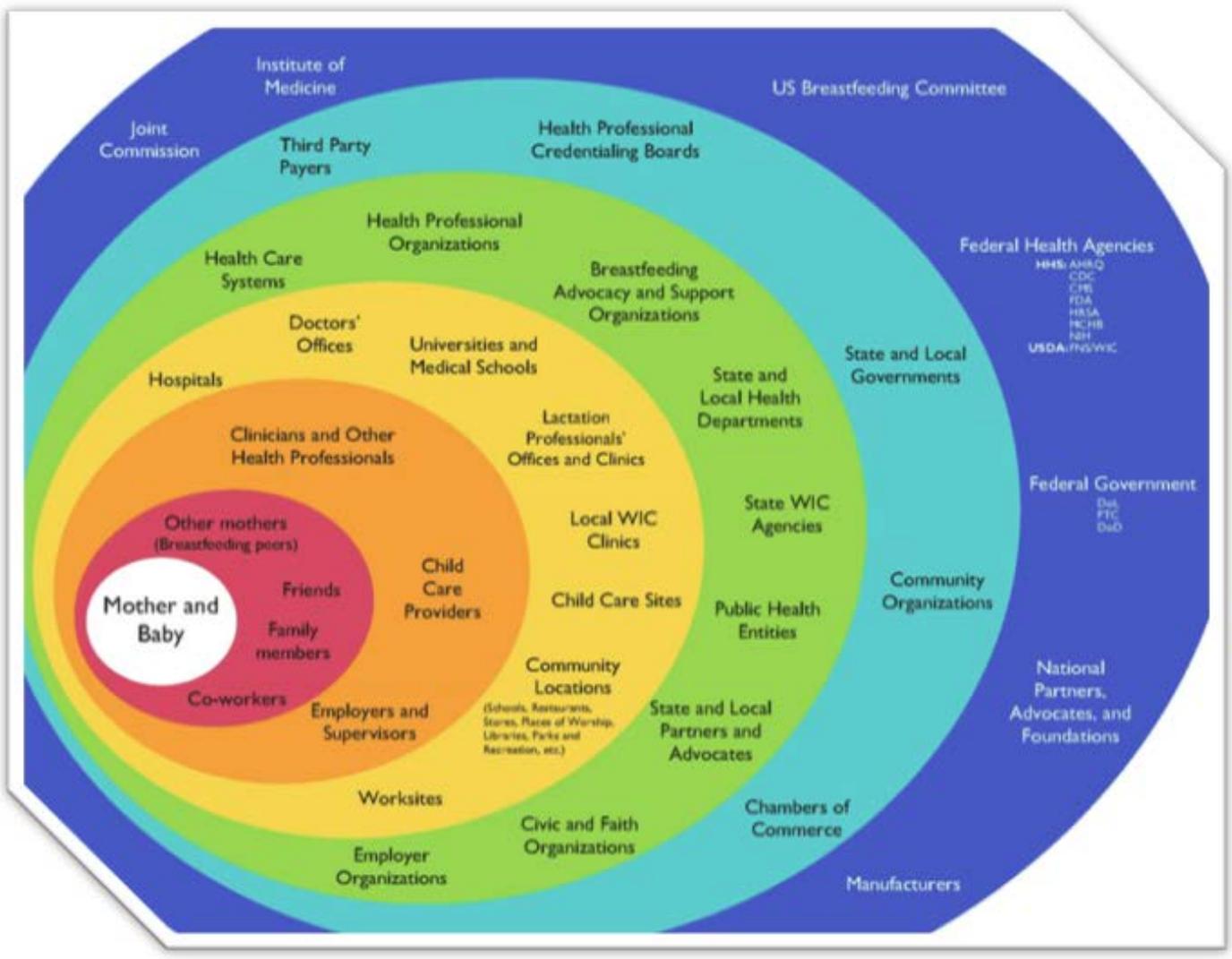


ENVIRONMENTAL SUSTAINABILITY

- Sustainable food source produced by the human body
- Environmentally safe
- Doesn't require packaging and does not produce waste
- It is always available, warm and ready to eat.



SOCIO-ECOLOGICAL MODEL FOR BREASTFEEDING



USBC, 2011

Key Indicators

- Exclusive breastfeeding at 6 months
- Continued breastfeeding, while introducing appropriate complementary foods, for 1 year or longer

BEGIN - TOGETHER

Community Assessment and Health Improvement Plan

- Establish partnerships/ coalition
- Assess resource assets and gaps
- Develop health improvement strategy - health equity
- Evaluate Outcomes
- Ensure sustainability



TOOL FOR CONTINUITY OF CARE

**BREASTFEEDING
"911"**

Find support near you:
[ksbreastfeeding.org/
local-resources](https://ksbreastfeeding.org/local-resources)

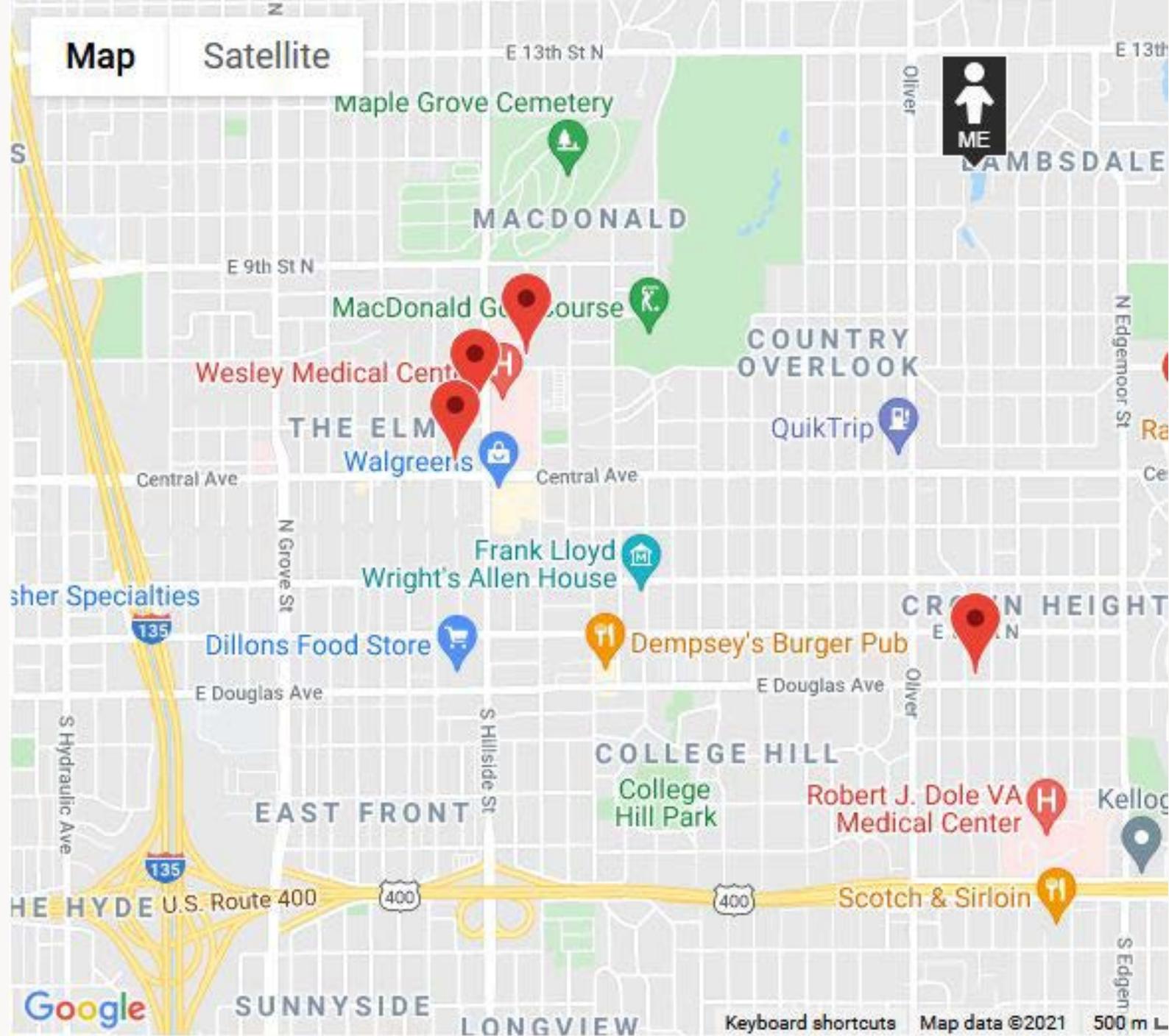
Call **800-994-9662**
8 a.m. -5 p.m. CT,
Monday-Friday
(English & Spanish)

*Provided by
Office on Women's Health*

 Kansas
Breastfeeding
Coalition, Inc.

Breastfeeding Resources
for Parents:

ksbreastfeeding.org/resources/



“

If a multinational company developed a product that was a nutritionally balanced and delicious food, a wonder drug that both prevented and treated disease, cost almost nothing to produce and could be delivered in quantities controlled by the consumers' needs, the very announcement of their find would send their shares rocketing to the top of the stock market. The scientists who developed the product would win prizes and the wealth and influence of everyone involved would increase dramatically. Women have been producing such a miraculous substance, breastmilk, since the beginning of human existence.

~Gabrielle Palmer

THANK YOU!

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Conducting Lactation Landscape Assessments

Savannah H.O.P.E. Photovoice Project
and Continuity of Care

Nandi A. Marshall, DrPH, MPH, CHES



Conducting Lactation Landscape Assessments: Savannah H.O.P.E. Photovoice Project and Continuity of Care

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JIANN-PING HSU
COLLEGE OF PUBLIC HEALTH
GEORGIA SOUTHERN UNIVERSITY

Savannah H.O.P.E.

(Healthy Opportunities Powering Equity)



This program is supported by Healthy Savannah and the YMCA of Coastal Georgia through grant funding awarded through the Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health grant program to close the gap in health disparities among priority populations in Savannah and Chatham County.

This presentation does not necessarily reflect the view of anyone other than my own

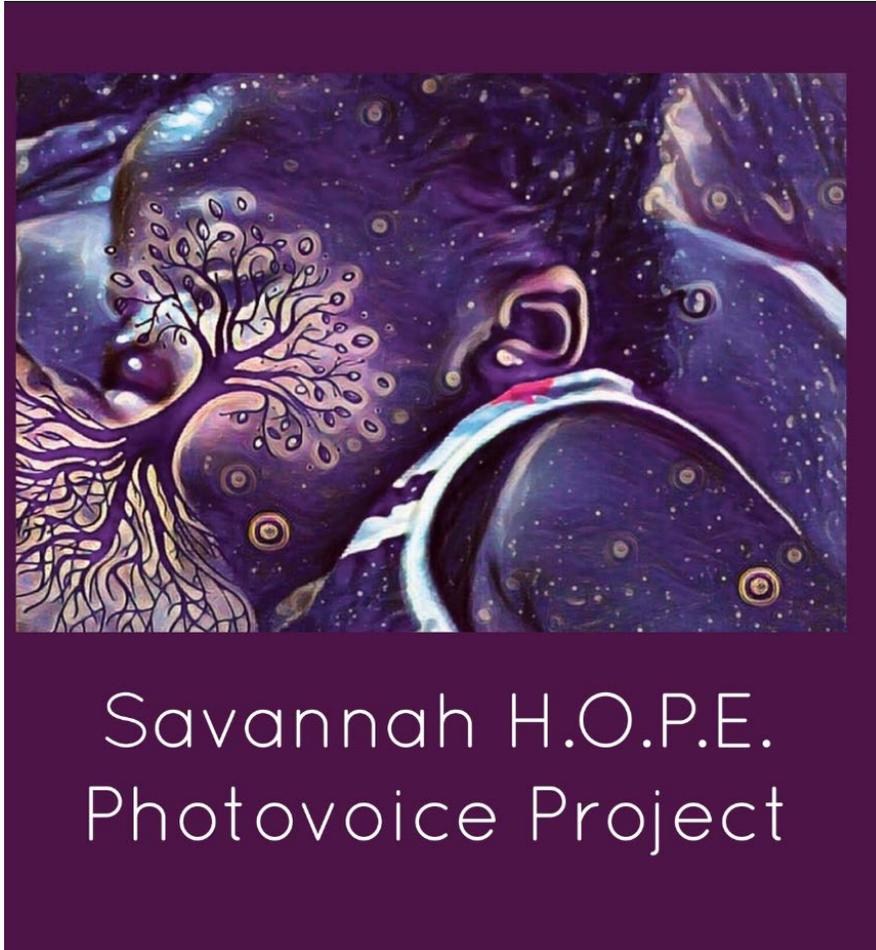
Savannah H.O.P.E.

(Healthy Opportunities Powering Equity)

Strategies to Increase Lactation Support

- ❖ **Assessment Activities**
- ❖ **Policy Development and Support**
- ❖ **Community Outreach**

Photovoice Partners



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JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

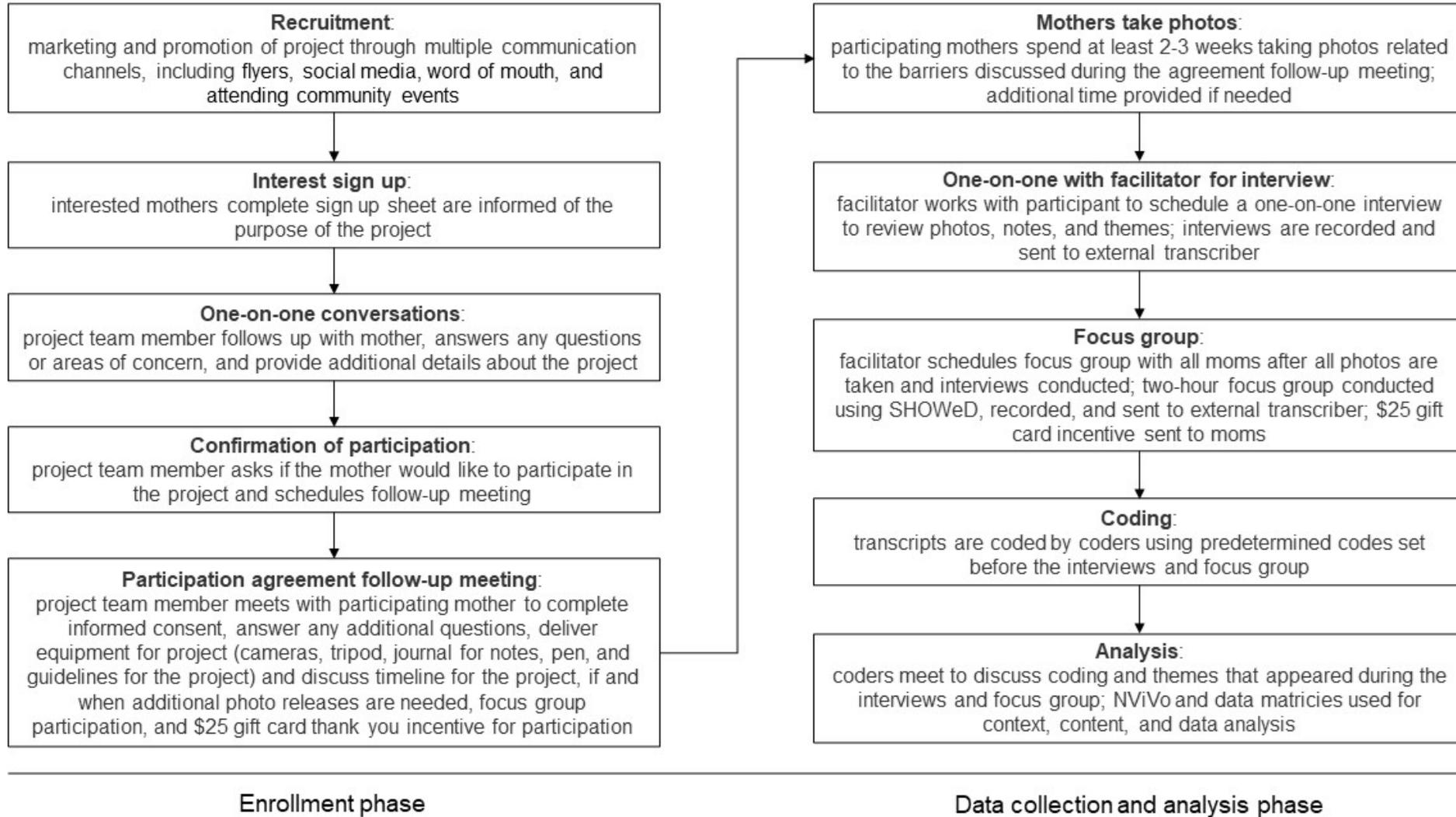


JIANN-PING HSU
COLLEGE OF PUBLIC HEALTH

Savannah H.O.P.E Photovoice Purpose

- This photovoice project explored barriers to breastfeeding for **Black/African-American** moms in Chatham County, Georgia to address issues around continuity of care.
- Socioecological Model
- Focus: Physical, Social, Cultural Barriers
- Results to provide foundation for initiatives

Timeline of Methods



Results

Physical:

- Frequent mentioning lack of public spaces, including the continuous recommendation of breastfeeding in an establishment's bathroom.



“They had bathrooms...but as I'm not going to nurse my son in the bathroom...and that's all they had was a bathroom.”



Results

Social:

- Looks of disgust and disapproval

“...I just don't want other people looking and staring so much because, whether it's a man or a female, they just sometimes just tend to stare...and then even though I have a cover-up, you still get people who still, like, stare and wonder what you're doing, or what's going on...”



Results

Cultural:

- Perceptions that Black/African-American women don't breastfeed; Nursing older children; nursing around men in family.

"I don't nurse in front of her [cousin and grandma] when there's like my husbands around, or my dad's around or my [male] cousins around, I'll go to a separate place. But if it's just me and her and females, then she's cool with it."



Results

Personal comfort with Breastfeeding:

- All of the mothers described the need to overcome uncomfortable stares and questions, in spite of barriers.

“It's just a moment, on top of all the stuff I deal with with breastfeeding a toddler, there's the moment of just like with my child where its, I feel support just from him, you know, and I think that's what that moment that I meant to capture in that moment...It's really hard if you don't have your community support and your family support, but at the end of the day its meaningful for you and your child...you kind of just have to push through the societal shit, the cultural shit, the physical barriers that we're all dealing with and commit, if you can, to showing up for your child if that's what you decide in that way.”



Results

Recommendations: Breastfeeding Support & Normalization

- Increase lactation/breastfeeding-friendly spaces [Black/African-American Community].
- Lactation support specialist (CLCs, IBCLCs, etc)
- Peer support groups
- More representation of Black/African-American mothers breastfeeding

Savannah H.O.P.E. Photovoice and Community Health

- Provided context to quantitative data through recording lived experiences
- Influencing community leaders to adopt policies and programs to reduce chronic disease burden
- Increasing chest/breastfeeding educational opportunities in Savannah/Chatham County

How does the REACH
Savannah/H.O.P.E. Photovoice
Project tie into the Continuity of
Care blueprint?

Strategy 1.1

Conduct a chest/breastfeeding community needs/assets assessment to understand the local lactation support landscape.

- Photovoice Process
- Review of available resources
- Community Readiness Model Implementation [early stages]

Strategy 1.2 & 1.3

Incorporate breastfeeding indicators and goals into community health assessments/community health needs assessments (CHAs/CHNAs).

Educate public health professionals about the connection between breastfeeding and the numerous health risk reductions

- City Proclamation increases awareness and continues discussion
- Partnership with Glow Lactation Services
- Baby Friendly Hospital Community Outreach Support

Strategy 1.4

Integrate breastfeeding education and support activities into performance measures of public health initiatives.

- First food efforts incorporated into food security/food apartheid work in County [Healthy Savannah & Partners]

Strategy 1.5

Establish partnerships among organizations implementing health promotion programs to strategically leverage resources and expertise

- Workplace Lactation Support Policies
- Working with IBCLCs, Community Stakeholders, Health Equity & Public Health professionals

Strategy 1.5

Develop a community engagement plan to better plan and co-create, developing programs and services with partners and community members.

- Community Readiness Model Implementation

Contact Information

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Community Solutions To Co-create Lactation Support And Infant And Young Child Feeding In Emergencies Plans

*Building Community Resilience through Maternal Child Health and
Emergency Preparedness and Response Collaboration project*

Brenda Rodriguez, MSOL, RD, CLC

Allison Wilson, MPH, CLC

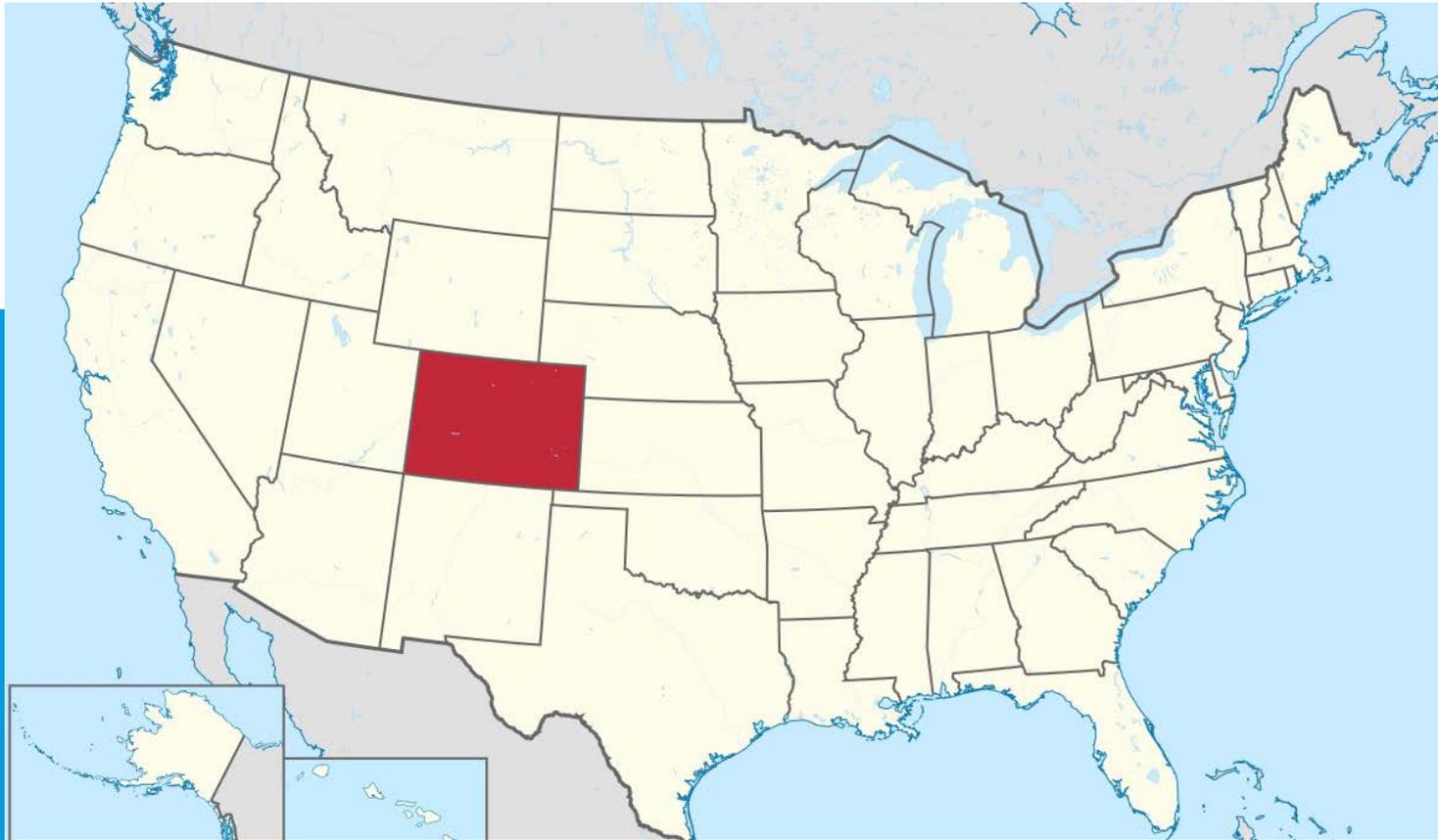


COMMUNITY SOLUTIONS TO CO-CREATE LACTATION SUPPORT AND INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES PLANS



Brenda Rodriguez, MSOL, RD, CLC

Allison Wilson, MPH, CLC



COLORADO

Jefferson County is on the land of the Cheyenne, Arapaho, Sioux, and Ute tribes

SNAPSHOT

- About 6,000 births annually, 20% to families that identify as Hispanic
- 92.2% ever chest/breastfed
- Notable decline in chest/breastfeeding at 3 and 6 months, especially among communities of color and low-income families
- Community members describe difficulty in accessing culturally congruent care

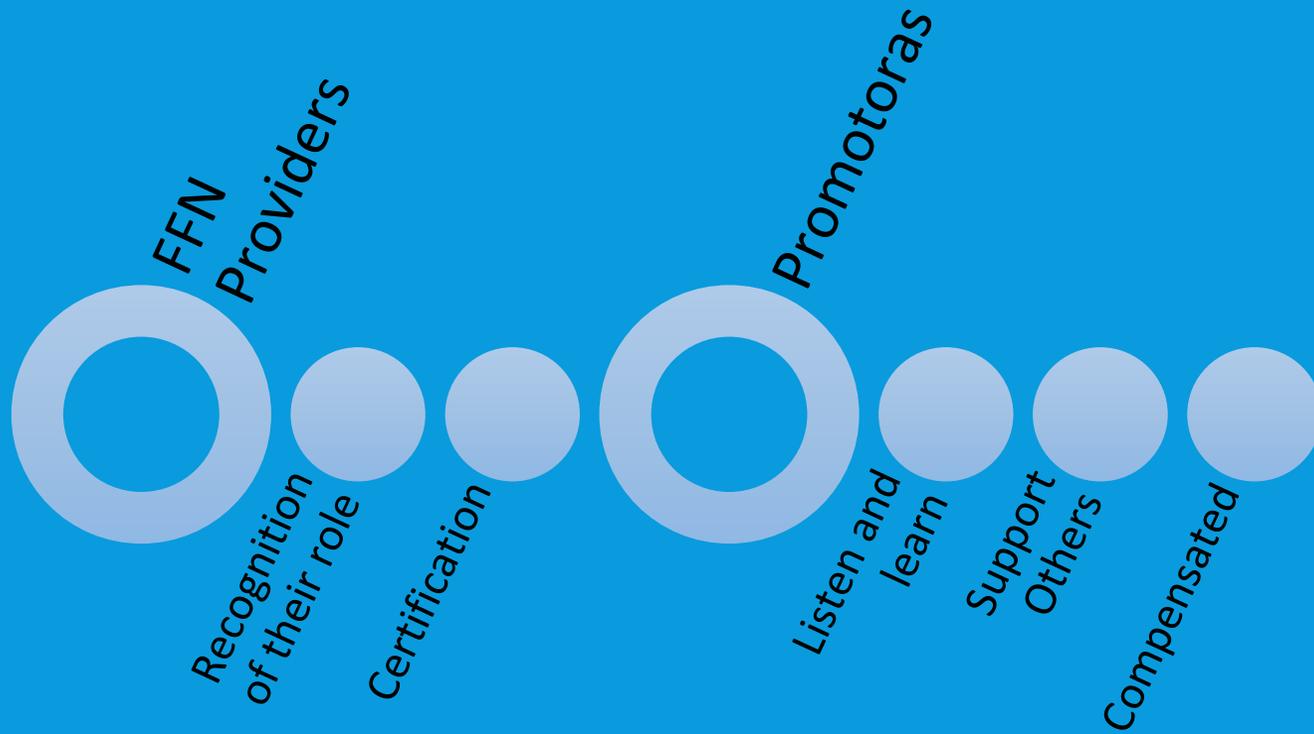


CONECTANDO



- systems development
- unit of identity
- embodies “cultural humility”
- strengths and resources
- collaborative, equitable partnership
- co-learning and capacity building
- knowledge generation and mutual benefit
- local relevance
- disseminates results to all partners
- commitment to sustainability
- broaden the bandwidth of validity

CONSEJERAS BEGINNINGS

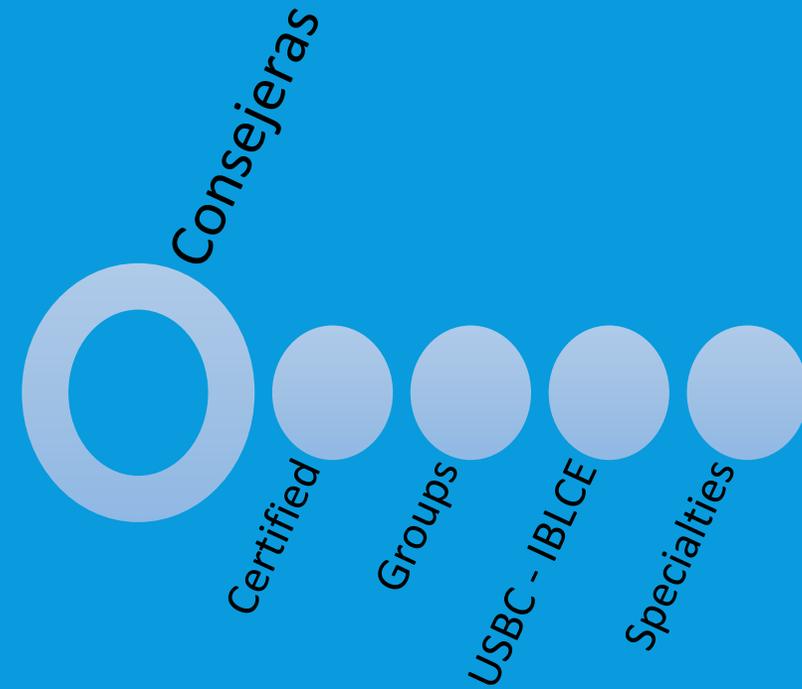


January 2019– 24 participants

March 2019 – 9 participants 18 certified



CONSEJERAS BEGINNINGS



May 2019- 14 participants in 2 year cohort

LACTATION TRAININGS & PATHWAY



COMMUNITY LEADERS IDENTIFYING LACTATION NEEDS



BEBÉS, MAMÁS, PAPÁS, ABUELOS, FAMILIAS, TODOS INVITADOS!

Hora de Bebés!
Todos los Viernes a las 10 AM!

EMBARAZO, PARTO, POSTPARTO y ALIMENTACIÓN INFANTIL

¿BUSCA RECURSOS?

- LINEA EN ESPAÑOL
- GRATUITA
- CONFIDENCIAL
- CON NAVEGADORES COMUNITARIOS

#JUNTOSENCORVID 19
#HACIENDONUESTRAPARTE

LLAME AL:
(720)507-7079



Adelante
JEFFCO

Red Latina de Salud y Educación



Conexión Prenatal

Temas a Seguir
Estar Presente
Nuestros Sentimientos
Mensajes que Bebés Reciben
Rituales

INSTRUYE:
Lorena T de Angelini



Defendiendo el Desarrollo Óptimo de los Bebés
www.BabiesUnderMyWings.com

Parent & baby groups

Transitioned to virtual during COVID-19

Food security high priority

Family, Friend & Neighbor Childcare Providers

CUENTA CONMIGO LACTANCIA

FEED A MOTHER TO
FEED A BABY



Source: USBC

Support mothers to continue breastfeeding.
It can save a baby's life.

[#SafelyFed](#)

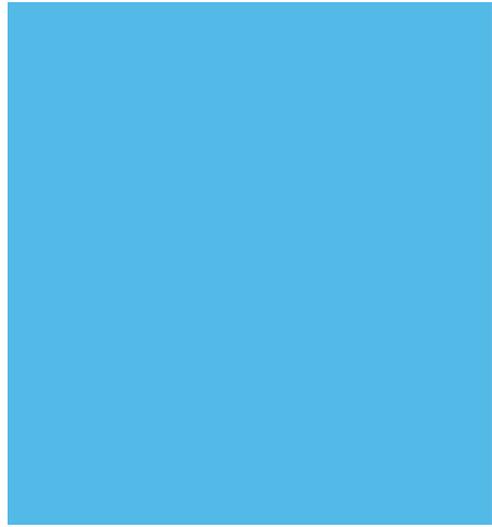
SAFE INFANT FEEDING GAP 2018

INFANT AND
YOUNG CHILD
FEEDING IN
EMERGENCIES
(IYCF-E)
PLANNING
2018 - 2019





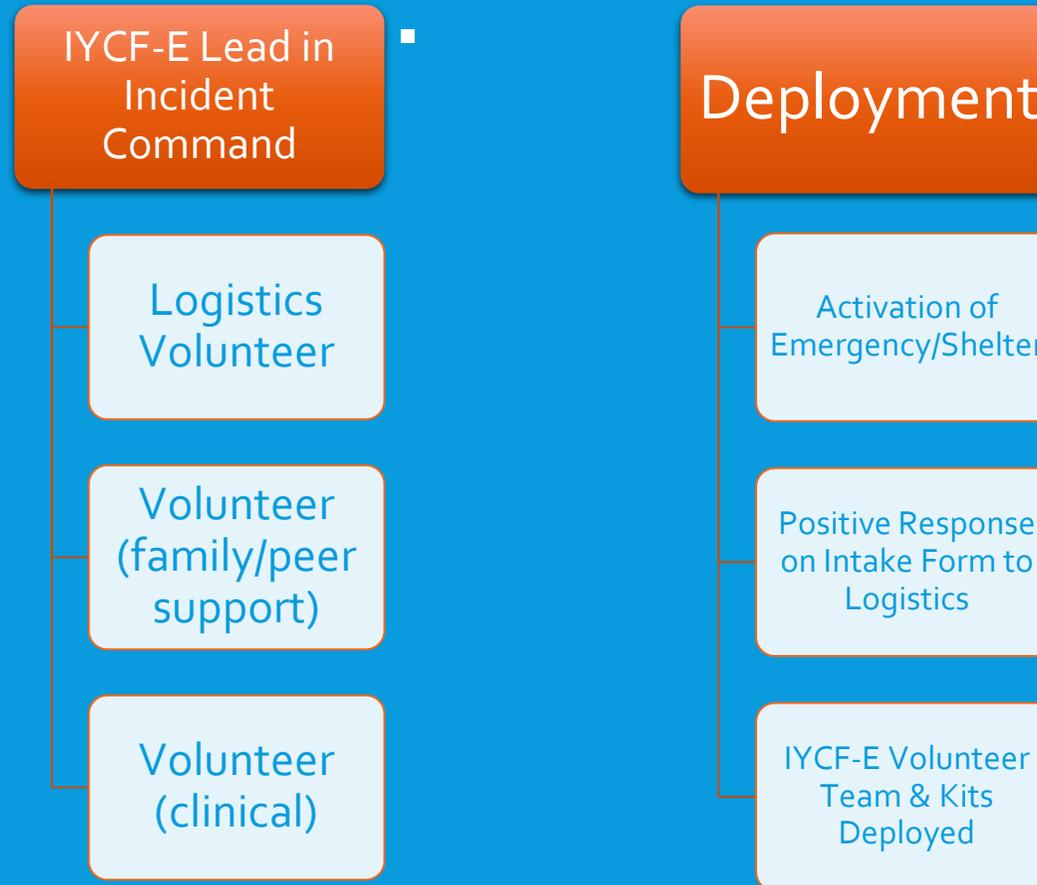
TRAINING VOLUNTEERS 2019-2020



SUPPLIES

IYCF-E TEAM STRUCTURE

Key stakeholder:
Emergency
Response
Operational
Managers



Rocky Mountain Medical Reserve Corps

Conectando Community

IYCF-E Volunteers

Jeffco Public Health

NACCHO Award

EXPANDING IYCF-E FROM LOCAL TO STATEWIDE
2021-2022

GRACIAS Y THANK YOU

- @ConectandoCSPC on Facebook
- Visit jeffco.us/2271/Emergency-Preparedness to view our IYCF-E plan and materials on our [Google Folder](#)



Allison Wilson awilson@jeffco.us
Brenda Rodriguez cuentaconmigo lactancia@gmail.com

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Coming up:

Webinar on the Blueprint Rec # 2:
**Advancing Continuity of Care
through Lactation-Friendly Policies,
Systems and Environmental (PSE)
Solutions**

Pre-register at:

<https://bit.ly/Rec2BreastfeedingPSE>

February 22, 2022 | 1pm ET

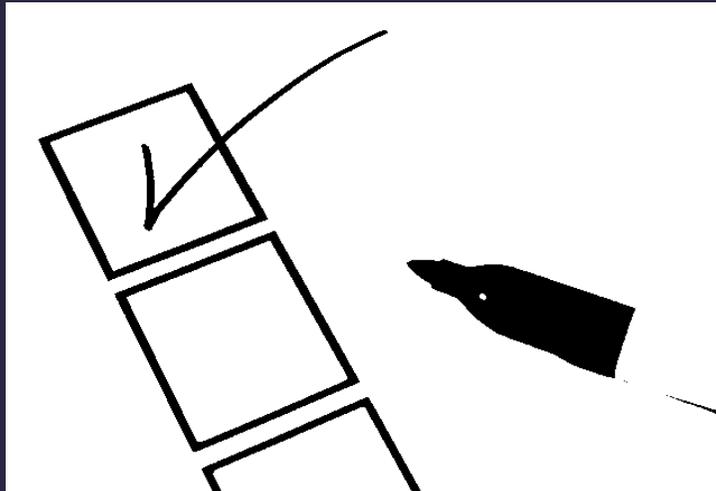
- Webinar 3 of the **#EveryStepoftheWay** through the **1,000 days** Blueprint series



Questions, Answers and Comments Q&A session

**Use the Q&A chat to submit questions for any of our speakers*
To submit CoC resources and stories, please email breastfeeding@naccho.org





For CERPs and CPEUs:

Complete the evaluation and post-test for **1.5 L-CERPs** and **1.5 CPEUs**:

<https://bit.ly/CoCWebinar2Eval>

For CDC CE (CMEs, CNEs, CECHs, CPHs, CEUs):
follow the CDC TCEO instructions

<https://tceols.cdc.gov/Course/Detail2?activityID2=6073&activityInstanceID2=7161>

Course Access Code: WC4487

The Golden Thread

Breastfeeding is the golden thread woven through all of our public health initiatives.

*Jarene Fleming
Virginia Department of Health*



THANK YOU!