

MIBFN POLICY POSITIONS



ANYTIME, ANYWHERE

Anytime, Anywhere

1. Normalization campaigns should center on messages of Breastfeed: Anytime, Anywhere to advance feeding on cue, and reduce concerns about location-specific rights to breastfeed.
2. Future legislation should include language that also protects public milk expression.
3. Breastfeeding and milk expression areas should be visible and available everywhere, but marked as clearly optional spaces.



CHILDCARE

Child Care

1. All centers should adopt a clear written policy supporting breastfeeding for both families and staff.
2. All centers should provide a clean, designated area (other than a bathroom) for staff, families, and visitors to breastfeed and/or express milk.
3. All centers should encourage breastfeeding mothers to breastfeed or express milk on site for their children. Likewise, staff should be granted appropriate break time to express milk and/or breastfeed their children.
4. Staff and families should receive accurate printed materials and information about breastfeeding, including a list of community resources.
5. Staff should receive training on breastfeeding, including the health benefits, importance of exclusive breastfeeding, and supportive practices, including safe storage and handling of breast milk.
6. Under federal law, it should be illegal for a child care provider to discriminate against a breastfeeding family and accommodations for breastfeeding should be protected by the law.



CHILD CUSTODY

Child Custody

1. Friend of the Court (FOC) should distribute evidence-based breastfeeding information and resources to families undergoing mediation.
2. All Judicial and court employees and staff should receive comprehensive breastfeeding education.
3. Child custody laws should protect the breastfeeding relationship for at least the first two years of life and extend for as long as breastfeeding is maintained.
4. National, tiered child custody laws that take into account child development and age should be adopted.



DISASTER READY

Disaster Readiness

1. All emergency shelters should adopt a clear written policy supporting and protecting breastfeeding during times of crisis.
2. All first responders should receive evidence-based breastfeeding training.
3. Medical providers in areas with ongoing air/water pollution should understand blood contamination levels that would contraindicate breastfeeding.
4. Vulnerable areas should undergo systemic breastfeeding changes to ensure best outcomes during times of disaster.
5. Disaster response policies should ensure that Infant formula is only supplied when necessary.
6. The United States should comply with the WHO Code in order to protect breastfeeding.



INCARCERATION

Incarceration

1. Lactation accommodation policies should be adopted for all incarcerated mothers.
2. Milk expression programs should be adopted for all incarcerated mothers.
3. Humane birthing practices that support laboring women and their infants should be adopted and provided for all incarcerated mothers.
4. Whenever possible, incarcerated mothers should have direct access to baby through Prison Nursery Programs.
5. Community-based alternatives to incarceration should be provided as viable sentencing options for mothers.
6. Policies should support treatment as an alternative to punishment through trauma-based services.
7. Incarcerated mothers should receive services that focus on the parenting relationship between mother and child.

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JURY DUTY

Jury Duty

1. Jury duty summons should include specific information for breastfeeding jurors: the availability of milk expression time and location that does not include a bathroom; access to baby or child for breastfeeding during the trial; whether the court provides assistance in finding child care; and other logistical support for breastfeeding accommodations.
2. Exemptions for breastfeeding mothers who are unable to serve should be upheld.
3. All court employees from clerks to judges should receive mandatory breastfeeding accommodation education.
4. District, circuit, and federal courts should adopt official policies providing accommodations for breastfeeding and milk expression during jury duty for breastfeeding mothers.



MATERNITY CARE

Maternity Care

1. All medical providers should receive and provide evidence-based breastfeeding education.
2. WIC referrals should be universal.
3. All birthing hospitals in Michigan should implement the evidence-based practices that are outlined in mPINC and central to Baby-Friendly designation.
4. Organizations should train, recruit, and hire diverse, multidisciplinary care teams that reflect the populations they serve.



WORKPLACE

Workplace

1. Employers should provide comprehensive workplace breastfeeding protection for all employees regardless of legal status and employment classification.
2. Employers should provide flexible, comprehensive time solutions for all employees regardless of legal status and employment classification.
3. Regardless of work environment, space solutions should be provided for all employees.
4. Whenever feasible, access to baby for direct breastfeeding in the workplace should be the standard for employees.
5. Comprehensive paid family leave legislation should be adopted at the national level.



ADVOCACY • EDUCATION • COALITION BUILDING

According to the 2016 Breastfeeding Report Card from CDC, 85% of Michigan mothers initiate breastfeeding.

Along the way, roadblocks stop their success and drastically reduce exclusivity and continuation.

We are changing the systems that block their success.

LEARN MORE

WE WORK BETTER WHEN WE WORK TOGETHER

To learn more about **Michigan Breastfeeding Network** and join our movement, visit: www.mibreastfeeding.org