

85%

OF MICHIGAN MOMS AGREE...

MIBFN
Michigan Breastfeeding Network

ON BREASTFEEDING INITIATION.

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 systems that block breastfeeding success.

LEARN MORE

WE WORK BETTER WHEN WE WORK TOGETHER

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

EDUCATION



To advance breastfeeding support practices, we offer free, monthly **Great Lakes Breastfeeding Webinars** for Lactation Supporters. To create opportunities for local breastfeeding supporters to learn, share, and connect, we offer **Quarterly Network Meetings** across the state.

ADVOCACY



To cultivate breastfeeding-supportive systems, we offer tools and policy recommendations across 8 campaigns: **Anytime-Anywhere, Child Care, Child Custody, Disaster Readiness, Incarceration, Jury Duty, Maternity Care, and Workplace.**

COALITION BUILDING



To advance local, grassroots collaboration, we provide **web-based and in-person technical assistance to local coalitions** across the state. We also provide community-building support through **MIBFN 310 Connect Calhoun County** and **MIBFN 310 Connect Flint.**



mibreastfeeding.org

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Breastfeeding is good for everyone.

Breastfeeding and its support...



BABIES & CHILDREN

Decreases risk of Sudden Infant Death Syndrome (SIDS) and necrotizing enterocolitis (NEC), leading causes of infant death

Decreases risk of ear infections, diarrhea, pneumonia and gastroenteritis in infancy

Reduces the incidence of childhood obesity, asthma, hypertension and some cancers

Improves IQ, academic performance and long-term productivity



MOTHERS & FAMILIES

Decreases risk of type 2 diabetes, breast and ovarian cancers for mothers

Saves families \$1,200 - \$1,500 on formula expenses in the first year of a baby's life

Reduces risk of mothers developing rheumatoid arthritis, high blood pressure and high cholesterol

Strengthens mothers' bones after weaning and reduces risk of osteoporosis



BUSINESSES & ECONOMY

Offers a 3-to-1 return on investment for businesses

Helps attract valued employees and lowers turnover rates

Boosts employee job satisfaction, morale, loyalty and productivity

Reduces \$312 million in annual healthcare costs in the U.S.

Results in fewer insurance claims and decreased employee absenteeism due to better infant health



THE ENVIRONMENT

Reduces global carbon footprint as it generally requires no packaging, fuel to prepare, or transportation to deliver

Does not create pollution or require disposal in a landfill

Creates a naturally renewable food source which is a complete source of babies' nutrition for the first six months of life

To learn more about MIBFN's Anytime, Anywhere Campaign, please visit www.mibreastfeeding.org/anytime-anywhere. This toolkit was adapted from the Louisiana Breastfeeding Coalition's *Breastfeeding Welcome Here* project materials.



MICHIGAN BREASTFEEDING RATES BY THE NUMBERS

2015 MICHIGAN PRAMS DATA TABLES⁶

Breastfeeding Initiation Rate	85 %
White, non-Hispanic	87.4 %
Black, non-Hispanic	75.1 %

2018 CDC REPORT CARD MICHIGAN DATA (BABIES BORN IN 2015)⁷

Infants ever breastfed	77.7 %
Infants breastfed at six months	55.6 %
Infants breastfed at 12 months	34.6 %
Exclusive breastfeeding through three months	44.1 %
Exclusive breastfeeding through six months	23.9 %



CURRENT MICHIGAN AND FEDERAL BREASTFEEDING LEGISLATION

SYSTEM	MICHIGAN	FEDERAL	MIBFN POLICY POSITION
 <p>ANYTIME, ANYWHERE</p>	<p>Breastfeeding Anti-Discrimination Act / Act 197 of 2014</p> <p>Protects the right to breastfeed in public.¹⁰ (Breastfeeding Anti-Discrimination Act, 2014)</p>	<p>None</p>	<ul style="list-style-type: none"> • Normalization campaigns should center on messages of Breastfeed: Anytime, Anywhere to advance feeding on cue, and reduce concerns about location-specific rights to breastfeed. • Future legislation should include language that also protects public milk expression. • Breastfeeding and milk expression areas should be visible and available everywhere, but marked as clearly optional spaces
 <p>CHILDCARE</p>	<p>None</p>	<p>Child and Adult Care Food Program Guidelines</p> <p>Provides reimbursement for child care providers who feed breast milk to infants in their care.¹¹</p>	<ul style="list-style-type: none"> • All centers should adopt a clear written policy supporting breastfeeding for both families and staff. • All centers should provide a clean, designated area (other than a bathroom) for staff, families, and visitors to breastfeed and/or express milk. • 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. • Staff and families should receive accurate printed materials and information about breastfeeding, including a list of community resources. • 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. • 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.
 <p>CHILD CUSTODY</p>	<p>Child Custody Act of 1970 MCLS § 722.27a</p> <p>Allows the judge to consider the breastfeeding relationship when determining parenting time.¹²</p>	<p>None</p>	<ul style="list-style-type: none"> • Friend of the Court (FOC) should distribute evidence-based breastfeeding information and resources to families undergoing mediation. • All Judicial and court employees and staff should receive comprehensive breastfeeding education. • 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. • National, tiered child custody laws that take into account child development and age should be adopted.
 <p>DISASTER READY</p>	<p>None</p>	<p>None</p>	<ul style="list-style-type: none"> • All emergency shelters should adopt a clear written policy supporting and protecting breastfeeding during times of crisis. • All first responders should receive evidence-based breastfeeding training. • Medical providers in areas with ongoing air/water pollution should understand blood contamination levels that would contraindicate breastfeeding. • Vulnerable areas should undergo systemic breastfeeding changes to ensure best outcomes during times of disaster. • Disaster response policies should ensure that Infant formula is only supplied when necessary. • The United States should comply with the WHO Code in order to protect breastfeeding.



CURRENT MICHIGAN AND FEDERAL BREASTFEEDING LEGISLATION

SYSTEM	MICHIGAN	FEDERAL	MIBFN POLICY POSITION
 <p>INCARCERATION</p>	None	None	<ul style="list-style-type: none"> Lactation accommodation policies should be adopted for all incarcerated mothers. Milk expression programs should be adopted for all incarcerated mothers. Humane birthing practices that support laboring women and their infants should be adopted and provided for all incarcerated mothers. Whenever possible, incarcerated mothers should have direct access to baby through Prison Nursery Programs. Community-based alternatives to incarceration should be provided as viable sentencing options for mothers. Policies should support treatment as an alternative to punishment through trauma-based services. Incarcerated mothers should receive services that focus on the parenting relationship between mother and child.
 <p>JURY DUTY</p>	<p>Revised Judicature Act of 2961 / Act 236 of 1961</p> <p>Protects the right to seek exemption from jury duty while breastfeeding.¹³ (Note: does not protect the right to breastfeed while serving on a jury.)</p>	None	<ul style="list-style-type: none"> 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. Exemptions for breastfeeding mothers who are unable to serve should be upheld. All court employees from clerks to judges should receive mandatory breastfeeding accommodation education. District, circuit, and federal courts should adopt official policies providing accommodations for breastfeeding and milk expression during jury duty for breastfeeding mothers.
 <p>MATERNITY CARE</p>	None	None	<ul style="list-style-type: none"> All medical providers should receive and provide evidence-based breastfeeding education. WIC referrals should be universal. All birthing hospitals in Michigan should implement the evidence-based practices that are outlined in mPINC and central to Baby-Friendly designation. Organizations should train, recruit, and hire diverse, multidisciplinary care teams that reflect the populations they serve.
 <p>WORKPLACE</p>	Michigan Medicaid insurance guidelines for breast pumps will cover personal use standard pumps or manual pumps per the Affordable Care Act. ¹⁴	<p>Federal Break Time for Nursing Mothers Law</p> <p>Protects non-exempt employees' right to time and privacy to express milk up to their child's first birthday.¹⁵</p>	<ul style="list-style-type: none"> Employers should provide comprehensive workplace breastfeeding protection for all employees regardless of legal status and employment classification. Employers should provide flexible, comprehensive time solutions for all employees regardless of legal status and employment classification. Regardless of work environment, space solutions should be provided for all employees. Whenever feasible, access to baby for direct breastfeeding in the workplace should be the standard for employees. Comprehensive paid family leave legislation should be adopted at the national level.



MIBFN ADVOCACY REFERENCE LIST

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2. American Academy of Pediatrics, AAP Reaffirms Breastfeeding Guidelines, February 2012, available at: <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-reaffirms-breastfeeding-guidelines.aspx>.
3. World Health Organization (WHO), "Exclusive breastfeeding for six months best for babies everywhere," Statement, 15 January 2011, available at: http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/.
4. 2015 Michigan PRAMS Data Tables, "Prevalence of breastfeeding initiation by maternal characteristics," p. 38 of 59, available at: https://www.michigan.gov/documents/mdhhs/2018-05-01_MI_PRAMS_2015_Tables_final_622045_7.pdf.
5. Centers for Disease Control and Prevention (CDC), Breastfeeding Report Card 2018 Michigan data, available at: <https://www.cdc.gov/breastfeeding/data/reportcard.htm>.
6. 2015 Michigan PRAMS Data Tables, "Prevalence of breastfeeding initiation by maternal characteristics," p. 38 of 59, available at: https://www.michigan.gov/documents/mdhhs/2018-05-01_MI_PRAMS_2015_Tables_final_622045_7.pdf.
7. Centers for Disease Control and Prevention (CDC), Breastfeeding Report Card 2018 Michigan data, available at: <https://www.cdc.gov/breastfeeding/data/reportcard.htm>.
8. Johnson, A. and Muzik, M., "Community-Based Focus Group Development: Identifying Strategies to Address Critical Issues Underlying Racially Disparate Breastfeeding Outcomes," *SAGE Research Methods Cases*, available at: <http://methods.sagepub.com/case/community-based-focus-group-racially-disparate-breastfeeding-outcomes>.
9. 2015 Michigan PRAMS Data Tables, "Prevalence of breastfeeding initiation by maternal characteristics," p. 38 of 59, available at: https://www.michigan.gov/documents/mdhhs/2018-05-01_MI_PRAMS_2015_Tables_final_622045_7.pdf.
10. 2014 Mich. Pub. Acts, Act 197, State of Michigan 97th Legislature Regular Session of 2014, Act No. 197 Public Acts of 2014 Approved by the Governor June 24, 2014 Filed with the Secretary of State June 24, 2014 Effective Date: June 24, 2014, available at: <http://www.legislature.mi.gov/documents/2013-2014/publicact/pdf/2014-PA-0197.pdf>.
11. Child and Adult Care Food program (CACFP) reimbursement guidelines, Federal Register, Vol. 83, No. 139, Thursday, July 19, 2018, available at: https://www.cacfp.org/files/9415/3200/3281/2018-15464_2018-2019_CACFP_Reimbursement_Rates.pdf.
12. Child Custody Act of 1970, Act 91 of 1970, Legislative Council, State of Michigan, compiled at: [http://www.legislature.mi.gov/\(S\(qwbqhbq52i42g4i4o4nyjhqo\)\)/mileg.aspx?page=GetObject&objectname=mcl-Act-91-of-1970](http://www.legislature.mi.gov/(S(qwbqhbq52i42g4i4o4nyjhqo))/mileg.aspx?page=GetObject&objectname=mcl-Act-91-of-1970).
13. Michigan Jury Duty Exemption for Breastfeeding Mothers, National Conference of State Legislatures, 2012 Mich. Pub. Acts, Act 69.
14. Health benefits and coverage breastfeeding benefits, Michigan Medicaid breast pump coverage information, <https://www.healthcare.gov/coverage/breast-feeding-benefits/>.
15. Federal Break Time for Nursing Mothers, Section 4207 of the law amends the Fair Labor Standards Act (FLSA) of 1938 (29 U.S. Code 207), Fact Sheet available here: <https://www.dol.gov/whd/regs/compliance/whdfs73.pdf>.



SUPPORT TOOLS FOR BREASTFEEDING ADVOCACY

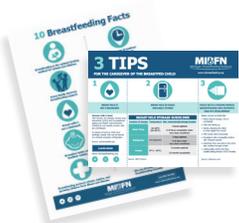


MIBFN offers the following support for breastfeeding supporters and advocates throughout the state. More information is available at www.mibreastfeeding.org/advocacy and by emailing info@mibreastfeeding.org.



MIBFN POLICY POSITION PAPERS

These are intended to support policy makers, advocates, and systems changers to make legislative and administrative policy changes to support a more breastfeeding-friendly landscape in Michigan.



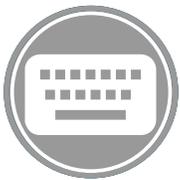
TOOLS TO SUPPORT IMPLEMENTATION

In our efforts to catalyze collaboration and sharing among partners, we share locally driven and tested tools for use in your community.



AWARDS PROGRAMS

Catalyzing a “race to the top” by celebrating systemic support for breastfeeding families. We currently offer a workplace awards program at www.mibreastfeeding.org/workplace-awards



STORY-SHARING PLATFORMS

There is a story-sharing platform for each campaign for breastfeeding supporters to share success stories, challenges, and passion for these efforts. MIBFN uses these submissions to inform our advocacy agenda, future tools, and our ongoing work in these important systems.



OPPORTUNITIES TO MOBILIZE GRASSROOTS ADVOCACY

We offer opportunities to mobilize grassroots efforts that impact ongoing and potential legislative policy change. Stay tuned to www.mibreastfeeding.org/take-action to learn more about these opportunities as they arise.



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