

## Mental Health Care

- Providers know the positive correlation between breastfeeding/bodyfeeding and mental health and the negative correlation between weaning and mental health and speak to patients about the importance of breastfeeding for positive mental health outcomes.
- Patients are central in all decision-making about the course of treatment. They are provided clear, evidence-based, and complete information about the risks of pursuing treatment options and risks of not breastfeeding/bodyfeeding.
- Providers use data driven resources like Medications and Mothers' Milk and/or LactMed to make decisions regarding courses of treatment and use of medications in ways that protect and prioritize the breastfeeding/bodyfeeding relationship.
- Providers are clear on the mental health implications of at least: Weaning, Miscarriage, Birth trauma, and Infant loss. Patients are screened for each of these, and treatment plans are developed accordingly. (4)
- Skilled lactation support is part of the care team and/or direct referrals are made to skilled lactation care in the community where the patient lives.
  - [www.mibreastfeeding.org/coalition](http://www.mibreastfeeding.org/coalition) is an available resource for connecting with breastfeeding supporters in your patient's community.
- Staff at all levels and professions within the mental health care team reflect and represent the intersectional diversity of the patients they serve (e.g. Black, Indigenous, Latinx, LBGTQIA, non-native English speaking).
- When working with patients prenatally and interconception, providers educate patients about the mental health benefits of doula care and refer patients to doulas in their community who reflect and represent the racial, ethnic, and cultural diversity of the patient.

Tools to support these priorities are available for download at [www.mibreastfeeding.org/tools](http://www.mibreastfeeding.org/tools).