

PROVIDING LACTATION CARE IN THE PUBLIC HEALTH, HEALTH CARE, AND HOSPITAL SYSTEMS

WE AGREE THAT:

- Reclaiming chest/breastfeeding is vital to achieving both health and racial equity
- Skilled lactation care is crucial to the public health, health care, and hospital systems
- Warm hand-offs from health care providers to lactation care providers must be normalized
- Power must be returned to lactation care providers who reflect their own communities
- Lactation care providers at all levels - IBC, CLC, CLS, IBCLC, IFSD, CBE, CHW, and so many more - deserve compensation that is both equitable and sustainable



"WHO PAYS FOR BREASTFEEDING SUPPORT MATTERS. CHEST/BREASTFEEDING TRADITIONS WERE INTENTIONALLY STOLEN FROM BLACK AND INDIGENOUS FAMILIES THROUGH STATE-SANCTIONED SLAVERY, GENOCIDE, AND FORCED SEPARATION. AS SUCH, RECLAIMING THESE TRADITIONS SHOULD NOT BE THE FINANCIAL BURDEN OF INDIVIDUAL BIRTHING FAMILIES - IT SHOULD BE PAID FOR COLLECTIVELY BY THE GOVERNMENT AND THE FOLKS WHO FINANCIALLY BENEFITED FROM THIS VIOLENCE."

-Shannon McKenney Shubert, MPH, CLC,
MIBFN Executive Director

"THERE'S A GROSS HIERARCHY IN THESE SYSTEMS WHERE NUMBERS MATTER MORE THAN PEOPLE AND I'VE HAD MANY MOMS OPEN UP TO ME LATELY THAT THEY FEEL LIKE THEY ARE JUST A NUMBER."

-Lindsey McGahey, IBC, IFSD, BE,
Local Breastfeeding Supporter