

"IF WE KEEP DOING THE SAME THING, WE CANNOT EXPECT A DIFFERENT OUTCOME."

Current public health and hospital systems are designed to uphold white supremacy and colonialism.



The Black maternal and infant mortality rates within Michigan are at crisis levels: skilled lactation care from providers that reflect and represent the communities they serve are proven to be effective in increasing breastfeeding rates and associated health outcomes.

Medicaid providers do not have adequate lactation education.



While both the American Academy of Pediatrics and the United States Surgeon General recommend breastfeeding for all families, research shows that physicians generally lack adequate breastfeeding education and training, leaving families without the skilled care they need.

Medicaid providers do not have on-staff lactation support.



Under the Medicaid and Healthy Michigan plan policies, Medicaid coverage of lactation support is wholly inadequate for lactation support and, oftentimes, Medicaid providers do not employ IBCLCs or other lactation providers.



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Hospitals and outpatient clinics (OB/GYN, family practice, and pediatric) lack adequate lactation staff - at all levels of care.



As recognized by the American College of Obstetricians and Gynecologists (ACOG), inadequate lactation support across all medical settings prevents families from accessing the support they need for successful breastfeeding initiation and duration.

Lactation counselors are required to be registered nurses.



The International Board Certified Lactation Consultant (IBCLC) certification is a stand-alone credential with IBCLC's serving as an integral part of the healthcare team. Studies have shown that barriers to certification and employment discrimination faced by IBCLCs of color directly impact race-based discrimination against Black and Indigenous patients.

Hospitals and public health institutions cannot and do not meet the need for support - but they also aren't providing warm hand-offs to community-based breastfeeding support.



Establishing a referral network to community-based breastfeeding support would ensure that families have access to equitable support and help to eliminate gross health disparities, especially among families of color, during the postpartum period.



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There are not any consistent funding mechanisms to financially support community-based, equity-centered skilled breastfeeding support.



Even though community-based, equity-focused care is life-saving care for Black and Indigenous communities, local breastfeeding supporters are under-funded and lack equitable compensation.

Institutions lack operational plans for individualized antenatal lactation support and continuity of care.



Black and Indigenous lactation supporters counteract the harm being done to families and are a crucial part of a families' health care team. Policies within public health and hospital systems cannot be a barrier to culturally-resonant care.

There is no lactation care infrastructure that proactively prevents or mitigates crises like the current formula shortage, COVID-19 pandemic, and lead-contamination crises across Michigan.



Current policy and infrastructure do not protect our most vulnerable populations: we need to strengthen how we approach lactation care to ensure that families have access to education and support during emergencies in communities throughout Michigan.



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