



MIBFN

Michigan Breastfeeding Network

BREASTFEEDING EDUCATION IN SOLIDARITY WITH BIPOC FAMILIES

MIBREASTFEEDING.ORG/CORE-COHORT



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INTRODUCTION

Human milk saves lives and the numerous health benefits of breastfeeding from a nutritional, emotional, and developmental standpoint are well documented. From birth, breastfeeding serves as a protective factor against mortality and when optimal breastfeeding rates are reached, maternal and infant mortality rates decrease significantly.

According to the most recent Michigan state-level data, the PRAMS 2019 Maternal and Infant Health Summary Tables, 87.3 percent of all Michigan families initiate breast/chest-feeding. Black breastfeeding rates are much lower with a 72 percent initiation rate statewide and far lower initiation and duration rates in counties with the most number of Black families such as Genesee, Ingham, and Calhoun County. (2019 Birth Year PRAMS Tables) There is currently a lack of data collected on breastfeeding initiation and duration rates for Indigenous families by the State of Michigan.

Black and Indigenous birthing and breastfeeding families are disproportionately impacted by systemic racism resulting in disparities in breastfeeding rates and associated health outcomes. Breastfeeding is both a racial equity and public health imperative to reduce infant and maternal mortality, especially for families of color.



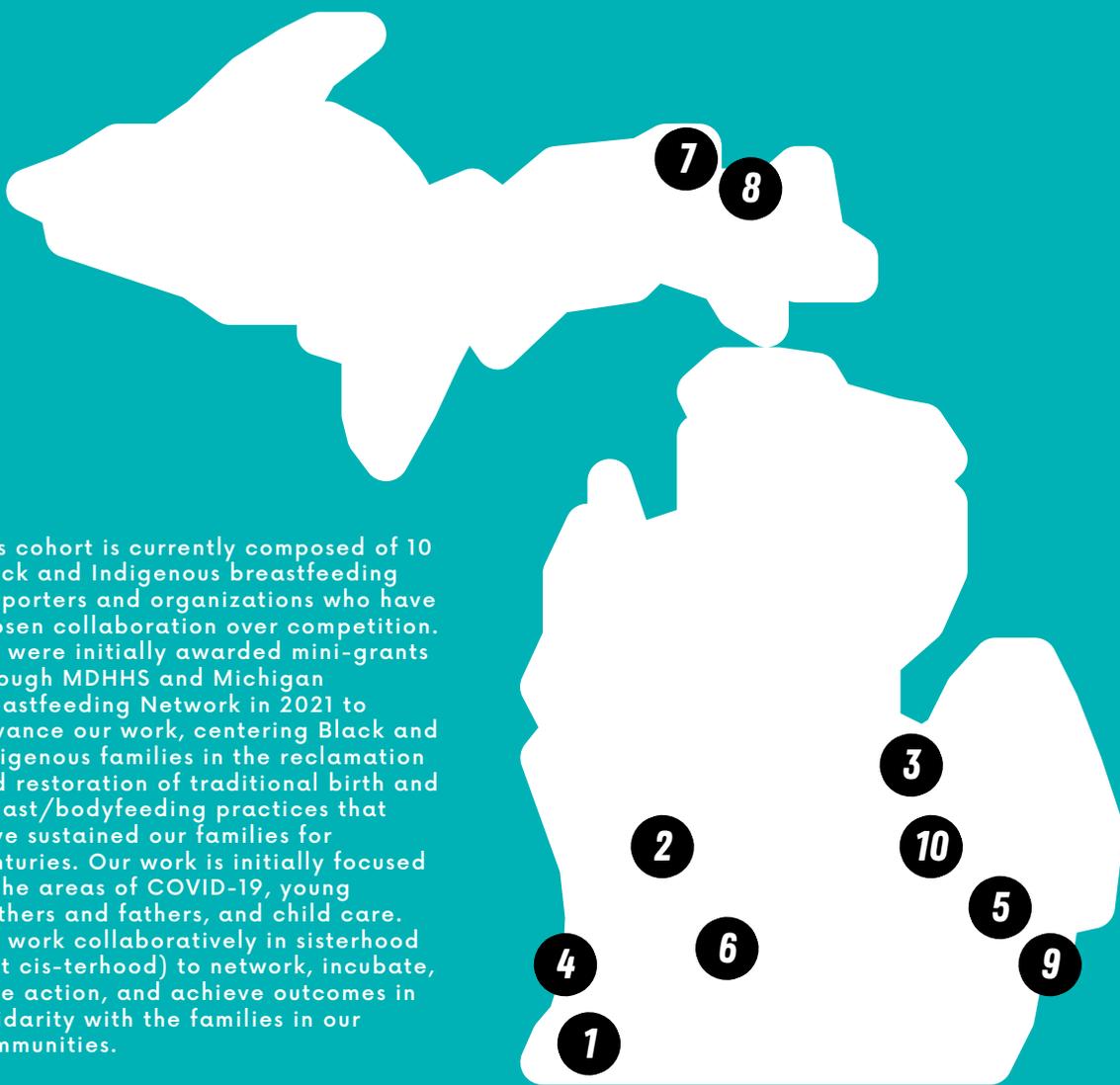
THE GOAL OF THIS PROJECT WAS TO CREATE AND SHARE EDUCATIONAL RESOURCES DEVELOPED BY COMMUNITY-ROOTED AND CLINICALLY SKILLED BLACK AND INDIGENOUS LACTATION SUPPORTERS FOR BLACK AND INDIGENOUS FAMILIES.

TOPICS COVERED:



ABOUT THE CORE COHORT

This cohort is currently composed of 10 Black and Indigenous breastfeeding supporters and organizations who have chosen collaboration over competition. We were initially awarded mini-grants through MDHHS and Michigan Breastfeeding Network in 2021 to advance our work, centering Black and Indigenous families in the reclamation and restoration of traditional birth and breast/bodyfeeding practices that have sustained our families for centuries. Our work is initially focused in the areas of COVID-19, young mothers and fathers, and child care. We work collaboratively in sisterhood (not cis-terhood) to network, incubate, take action, and achieve outcomes in solidarity with the families in our communities.



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BIRTH QUEENS AND MILK QUEENS

AT A GLANCE

Leadership: Bianca Nash-Miot
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Email: birthqueensmilkqueens@gmail.com
Service Area: All of Prosperity Region 8
Primary identity population this organization reflects and represents in their community: Black families
Topics covered: Latch, Other: bottle feeding, milk storage



BIRTH QUEENS AND MILK QUEENS OFFERS COMPREHENSIVE BIRTH DOULA AND LACTATION COUNSELOR SERVICES FOR PREGNANT AND BREASTFEEDING FAMILIES, FOCUSING ON ADVANCING HEALTH EQUITY FOR BLACK COMMUNITIES. RELATIONSHIP BUILDING AND TRUST IS AT THE HEART OF OUR SERVICES. THROUGH PARTNERSHIPS AND COMMUNITY GROUPS, WE REACH FAMILIES OF COLOR IN MANY COUNTIES THROUGHOUT SOUTHWESTERN MICHIGAN.

STORAGE QUEEN BREAST MILK STORAGE GUIDELINES

ROOM TEMPERATURE 77 degrees Fahrenheit or colder 4-8 hours (It is best, but it can be acceptable if milk was expressed and stored under very clean conditions)	FRIDGE 39 degrees Fahrenheit or colder 4-8 days (It is ideal, but it can be acceptable if milk was expressed and stored under very clean conditions)
FREEZER 0 degrees Fahrenheit or colder Up to 9 months in refrigerator freezer	DEEP FREEZER -4 degrees Fahrenheit or colder Up to 12 months in deep freezer

TIPS:

- Always remember to wash hands and sanitize.
- Reheated milk is good for up to 2 hours.
- Store milk in the back of the refrigerator or freezer, not at the door (temperatures at the door fluctuate the most).
- Old and new milk can be mixed as long as the oldest milk is still within the storage guidelines time frame.
- When in doubt, smell or taste test.
- It is okay to cry over spilled milk.

LATCH QUEEN LATCH CHECKLIST

A good latch can help breastfeeding go more smoothly. Practice makes perfect, the more you work at it the better baby will get with opening nice and wide. Use this checklist to become a latch queen! Always contact a lactation professional if you are concerned about your supply or need further support.

- Baby should be "tummy to mummy." Make sure baby is turned to that their belly is facing and touching the lactating persons belly. Baby's head should be held behind the ears.
- Line baby's nose up with the nipple. Gently use the nipple to tickle baby's top lip. This will help baby to open up nice and wide.
- Wait for baby to open nice and wide, then pull baby to the breast - not breast to baby.
- Listen for sucks and swallows as a sign of baby drinking. Check to ensure baby's top and bottom lip are turned out. Baby's nose and chin should touch the breast. A strong tug should be felt.
- Baby should look soft and satisfied at the end of the feeding.

Nutrition, hydration and rest are all important components to your milk supply.

Always remember milk making action is redundant. The more milk your baby removes, the more milk your body will make.

PACED BOTTLE FEEDING QUEEN

Paced bottle feeding is a technique to aid breastfed babies from a bottle. Previously, we used to believe babies showed a preference for bottles due to nipple confusion. More recently, we have learned babies prefer the faster flow of a bottle, which can cause confusion. Being mammals, babies take a preference to what is easiest. Feeding from a bottle is easier. Paced bottle feeding can help slow the flow of the bottle feeding to help breastfed babies.

- HOLD BABY SITTING UP**

 While feeding from the bottle, baby should be in more of a sitting up position than a lying down position. Sitting upright is more similar to how baby feeds from the breast and will allow them to maintain a comfortable position. Sitting upright also allows the bottle to be parallel to the floor so baby can drink at their own pace.
- PACED FEEDING IN ACTION**

 Allow baby to feed for 30-60 seconds then gradually tilt the bottle or bend the nipple so that baby cannot access milk for 30-60 seconds. Alternatively, you can remove the bottle from baby's mouth and burp them for a few seconds. After the short break, offer the bottle to the baby once again and allow them to resume drinking. The key is to slow the feeding down so that the time feeding from a bottle mimics the time spent feeding from the breast.
- BABY COMPLETES THE FEEDING**

 As the feeding goes on, baby will start to show signs of being full, such as drinking more slowly, pushing the bottle out of their mouth, stop drinking, falling asleep, looking soft and satisfied. Once you begin to see these signs, you can slow the feeding down and make it important to remember that baby may not drink all of the milk as their bottle get still become full because of the milk at which they are eating. This is fine. Watch your baby's feeding cues and signs of being full as an indicator of how much milk your baby will need at each feeding. Once the baby is done, you can burp them and give yourself a pat on the back for completing a great pace feed.

TIPS:

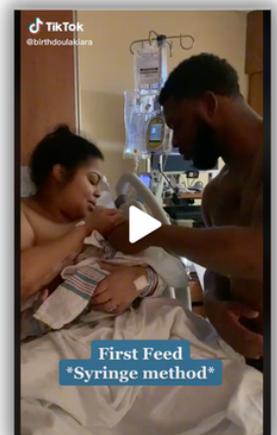
- Ensure baby is sitting upright through the entire feeding.
- Ensure the bottle is deep enough in baby's mouth to replicate a deep latch in the breast.
- Allow time for baby to burp or catch their breath if necessary.
- Feeding times of the bottle should mimic feeding times at the breast to help limit any preference.
- Paced feeding may take time for the feeding process and baby to get used to.
- It is important to remember to take things one feed at a time and work towards your baby to be in control of the feeding.

BUMP TO BIRTH DOULA SERVICES

AT A GLANCE

Leadership: Kiara Baskin, CLC, CD
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Youtube: Birth Doula Kiara
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Phone: 616-202-6450
Service Area: Kent County
Primary identity population this organization reflects and represents in their community: Black families
Topics covered: Latch, Other: hack for Spectra breast pump, breast pump settings feat. Spectra pump, newborn hunger cues, first feed syringe method, come with me to Target breastfeeding essentials

BUMP TO BIRTH DOULA SERVICES PROVIDES LABOR SUPPORT, POSTPARTUM & INFANT CARE, LACTATION & INFANT FEEDING, AND CAR SEAT CONCIERGE SUPPORT IN THE GREATER GRAND RAPIDS AREA.



FULL CIRCLE DOULA SERVICES

AT A GLANCE

Leadership: Anesha Stanley, CD, PCD, BD
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Service Area: Great Lakes Bay region, including Saginaw, Bay City, Midland, Frankenmuth, and surrounding cities
Primary identity population this organization reflects and represents in their community: Black families
Topics covered: Milk Supply, Latch, Other: newborn hunger cues, labor stages and phases, milk storage



FULL CIRCLE DOULA SERVICES PROVIDES BIRTH, BEREAVEMENT, AND POSTPARTUM DOULA SERVICES, AS WELL AS CHILDBIRTH EDUCATION AND PLACENTA SERVICES, CENTERING BLACK FAMILIES FROM PRECONCEPTION THROUGH THE POSTPARTUM PERIOD.

PAIN WHILE BREASTFEEDING

Although experiencing pain while breastfeeding/latching is common, but it is not normal! Such pain is an indication of a poor latch or other various concerns. Engorgement, Mastitis and Plugged ducts are a few of the most common in breastfeeding persons.

ENGORGEMENT

WHAT IT IS: Painfully swollen breast that often occur around day 2 after birth and in the early weeks of breastfeeding.

CONSIDER:

- Is the baby feeding frequently and well?
- Is the baby positioned well at the breast?

WATCH OUT FOR:

- Fever or flu like symptoms.
- Redness
- Signs of mastitis.

WHAT TO DO ABOUT IT:

Baby/Feedings

- Feedings should be frequent and efficient.
- Your baby will breastfeed about 8 to 12 times in 24 hours. Think "8 or more, 24"
- Allow baby to nurse until the baby ends the feeding on its own.

Mother/Pain

Relieve pressure and pain by allowing excess milk to exit and flow out of your breast.

- Massage breast in a warm shower.
- Gentle hand expression.
- Submerge breast into a water bath to allow support milk to flow out.

Prevention: Keep milk flowing and baby nursing effectively. The more milk is removed from the breast, the more milk comes in.



TIPS FOR A PROPER LATCH

PRE-FEEDING

1. Skin to skin- begin skin and skin prior to feeding.
2. Make sure room and baby are calm.
3. What state is the baby in? (awake/night sleep, quiet/alertive, or crying)
4. Check for feeding cues- hand to mouth, rooting, sucking, climbing, rapid eye movement.

DURING LATCH-ON

1. Position baby turned towards you.
2. Make sure shoulder and hips are aligned.
3. Baby's arms/hands around breast.
4. Nose opposite the nipple to start.
5. Non-crying Gape response- is baby showing a desire to latch, opening mouth when close to breast?
6. Baby's head can tilt back.
7. Bottom lip and tongue reach breast first.
8. If baby starts crying, go back to skin to skin to calm baby.

DURING FEEDING

1. Nose and chin are close to breast.
2. 140-degree angle of the mouth.
3. Make sure baby's top and bottom lip creates a seal around the nipple.
4. Baby's cheeks are rounded.
5. Baby's jaw is a rocker motion from lips to ear.
6. Suck swallow is a slow movement 2/1 or 1/1.
7. Mother is comfortable.

POST-FEEDING

1. Baby releases nipple spontaneously.
2. Baby and hands/feet are relaxed.
3. Check mother's nipples to make sure they're similar in shape to pre-feeding size.

Consider the following:

- If pain was present, does the pain level change when there is a change in the baby's position?
- How is the position of the baby's head while latching?
- Which nursing position allows for less painful latch?

*If you experience pain, break the latch, and try again.

Any pain experienced should always be thoroughly assessed by a local qualified healthcare provider, IBCLC, and CLC. Careful assessment and feeding exams are possible and recommended.



MILK SUPPLY

Often new mothers are concerned about producing enough milk to feed their baby. These friends, and families. Other concerns may include the weight of baby, baby wanting to feed minutes after feeding.

If you have concerns about milk supply, a careful assessment and feeding exams with an International Board-Certified Lactation Counselor (IBCLC) or Certified Lactation Counselor (CLC) is recommended.

BREASTFEEDING MAY GET OFF TO A POOR OR WEAK START IF:

- Feedings are not frequent enough.
- Separation due to baby being in NICU.
- Overuse of pacifier.
- Soreling.
- Using lactation suppression medications.
- Physiological problems- breast injury/surgery, abnormal thyroid hormones, inverted nipples, and more.

CONSIDER YOUR GOALS FOR BUILDING A MILK SUPPLY IS IT TO:

- Exclusive breastfeeding?
- Provide expressed milk with bottles?
- Breastfeed and supplement with bottles of formula or expressed milk?

TIPS TO IMPROVE MILK SUPPLY:

- Watch closely for baby's desire to feed.
- Do pre-feeding bonding such as skin-to-skin with your baby.
- Massage your breasts before feeding to encourage your milk to let down.
- Offer both breasts at each feeding.
- Feedings should be frequent and efficient.
- Your baby will breastfeed about 8 to 12 times in 24 hours. Think "8 or more, 24"
- Change nursing position from one feeding to the next.
- Allow baby to nurse until the baby ends the feeding on its own.
- Pump or express your milk after feeding to ensure breast are empty.

Careful assessment and feeding exams with an International Board-Certified Lactation Counselor (IBCLC) or Certified Lactation Counselor (CLC) is recommended.



The more milk is removed from the breast, the more milk comes in.

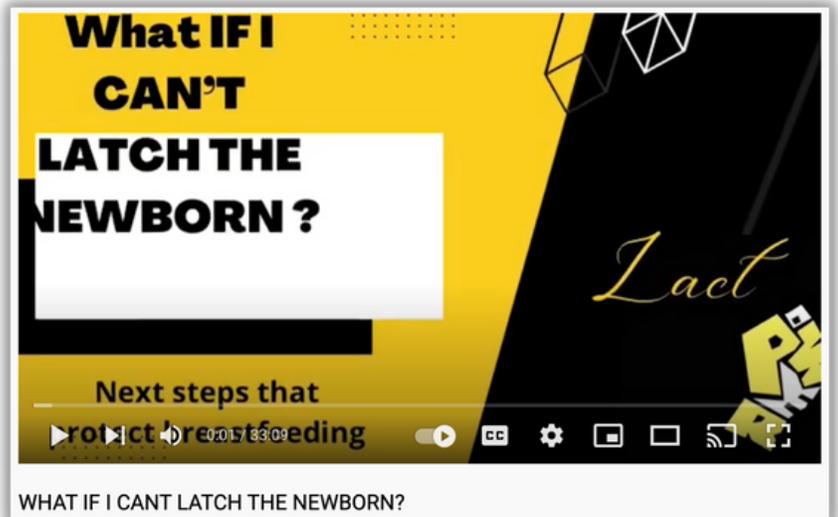


LACTPOWER

AT A GLANCE

Leadership: Tameka White, CLS
Facebook: LactPower
Service Area: Berrien County
Primary identity population this organization reflects and represents in their community: Black families
Topics covered: Latch, Milk Supply, Other:
Expressing colostrum, alternate feeding methods, positioning

LACTPOWER IS A COMMUNITY-BASED, EQUITY CENTERED BREASTFEEDING SUPPORT SERVICE PROGRAM IN BENTON HARBOR, FOCUSED ON CENTERING THE NEEDS OF BLACK FAMILIES WHILE PROVIDING CULTURALLY RESPONSIVE CARE BY TRUSTED PROVIDERS THAT RESIDE IN AND REPRESENT THE COMMUNITY THEY SERVE.

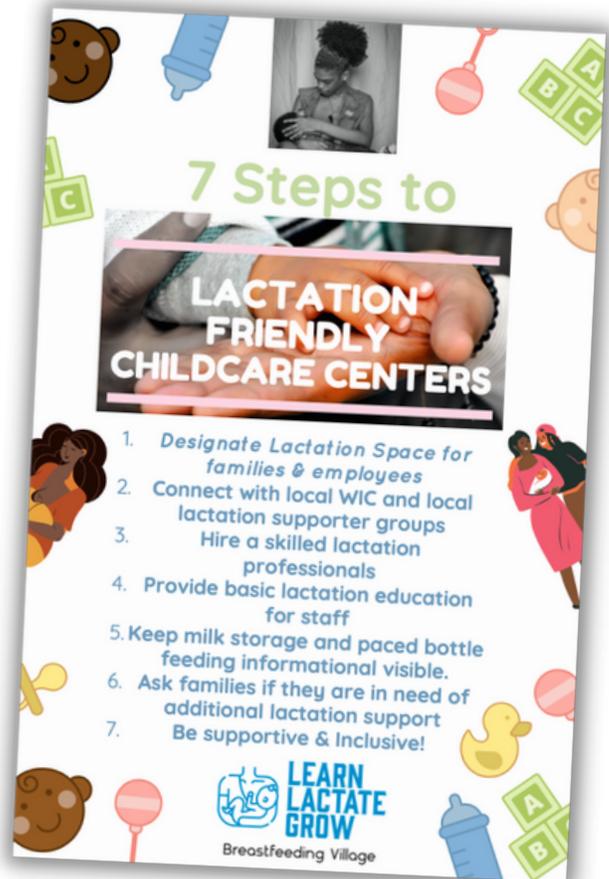


LEARN, LACTATE, GROW

AT A GLANCE

Leadership: Lori Walker, CCHW, CLC
Facebook: Learn Lactate Grow
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Service Area: Oakland County
Primary identity population this organization reflects and represents in their community: Black families
Topics covered: Other: breastfeeding in childcare setting and tips for partners

LEARN, LACTATE, GROW - HOUSED WITHIN THE LEARN, PLAY, GROW CHILD CARE CENTER - CENTERS BLACK AND BROWN FAMILIES IN BIRTH AND BREASTFEEDING CARE THAT IS CULTURALLY RELEVANT AND EVIDENCE-BASED, REGARDLESS OF AGE, EDUCATION, OR INCOME LEVEL.



MILK LIKE MINE

AT A GLANCE

Leadership: Rickeshia Williams, CLS, CLC, BD and Stephanie Freeman, CLC, BD
Facebook: Milk Like Mine
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Twitter: @milklikemine
Email: milklikemine@gmail.com
Service Area: Calhoun County
Primary identity population this organization reflects and represents in their community: Black families
Topics covered: Milk Supply, Other: Hand pumps, hand expression, and community milk sharing



MILK LIKE MINE IS A COALITION THAT IS DEDICATED TO ADDRESSING DISPARITIES IN THEIR COMMUNITY, EDUCATING FAMILIES, AND EMPOWERING COMMUNITY IN ORDER TO IMPROVE MATERNAL AND INFANT MORTALITY THROUGHOUT BATTLE CREEK.

Have You Decided to Formula Feed? If so, Here are Some Things You Should Know:

***95% of people giving birth have their milk come in between day 3 and 5.**

What this means:

- Your body has been preparing to feed your baby your entire pregnancy.
- Your milk may still come in even though you're formula feeding.
- You may also experience Breast/Chest swelling and pain
- This can lead to engorgement, clogged ducts or even Mastitis.

Here's What You Can Do:

- Pump or Hand Express until your breast/chest is soft not empty.**
- This WILL NOT cause a continuous breast/chest milk supply, eventually it will dry up.**
- Storing the milk you collect can allow you to have milk made by you for your baby if there is no formula available, allowing you to supplement with your own milk.
- Your milk is filled with antibodies and enzymes to keep your baby healthy during the pandemic, other sicknesses and new diseases.

PLEASE NEVER FEED YOUR BABY HOMEMADE FORMULA!

DILUTING OR WATERING DOWN FORMULA IS ALSO DANGEROUS!

*Homemade formula may not be safe or meet your baby's nutritional needs. The U.S. Food & Drug Administration (FDA) reports that some babies fed homemade formula have been hospitalized for hypocalcemia (low calcium), low sodium, and an imbalance in electrolytes.
 * This can cause a loss in micro and macro nutrients vital to your babies health.

Brought to you by Milk Like Mine

HAND PUMPS

A hand pump is a device used to help express breast milk and can be instrumental in the early phases of milk production, such as the colostrum phase and when milk volume first comes in. Many have found that the use of a hand pump helps with having more control over how the milk is expressed and how fast. Milk collectors are a good tool for milk expression that allows suction from the milk collector to do most of the work. Both can be used individually or in combination with feeding at the breast.

- 1** Pick a brand of a hand pump or milk collector that you prefer.
- 2** Clean all parts and read instructions for assembly.
- 3** Make sure your nipple is placed in the center of pump or milk collector.
- 4** Pump until breasts feel soft, not empty.
- 5** Store milk and you are ready to use it.

PLEASE DISINFECT **PHENOL** **ANTISEPTIC**

HAND EXPRESSION

The body responds better to skin. When we do hand expression, we can feel where things are filling up and give gentle massages to help in effectively expressing human milk.

- 1** Wash your hands and prepare a container to collect milk in, like an open cup, open bottle, or bowl.
- 2** Relax and control your breathing as you massage your breasts. It is important that you feel comfortable.
- 3** Hold your hand in a shape with your thumb on top of breast and the rest of your fingers underneath.
- 4** Bring your thumb and fingers to push slightly back on breast tissue and gently compress fingers moving forward.
- 5** Repeat motion. Tip: Don't be afraid to move hand around breast as you are expressing the milk.

TIPS:

- A warm hand can help if you're having trouble expressing milk. Use a warm towel or washcloth to massage your chest.
- Hand-making motions like kneading or rolling in a circular motion can help with milk expression.
- Having a piece of fabric nearby or using a nursing cap help with milk expression.

COMMUNITY MILK SHARING

Community milk sharing is when a lactating parent shares milk with another parent in the community. Community milk sharing has been happening since the dawn of time. Those donating the milk are usually willing to answer any questions that the person receiving the milk has about diet, habits, medications, substance use, vaccination status, etc. It usually takes place at an agreed upon meeting spot and some families feel most comfortable using the Milk Like Mine Community Birthing and Breastfeeding Center as a meeting point, which works, too! It is one of the many ways that the village supports birthing persons.

IF YOU ARE LOOKING TO MILK SHARE, HERE ARE SOME RESOURCES:

- Human Milk 4 Human Babies - Michigan - Michigan based milk sharing Facebook group
- Eats On Feets - Michigan - Michigan based milk sharing Facebook page
- U of M Doonr Human Milk Handbook
- Southeast Michigan IBCLCs of Color - Mama's Mobile Milk and Community Milk Sharing Depot
- Milk Like Mine!
- Your local hospital - Bronson Milk Bank is local to Battle Creek and Kalamazoo. Please note that this milk may have an out of pocket cost.

WHAT IF I AM READY TO BE DONE WITH MY BREASTFEEDING JOURNEY?

- Reach out to MLHM or community organization to seek advice from skilled lactation support in your local area
- Some ideas to to commemorate your breastfeeding journey:
 - Create breast milk jewelry, soap, and/or lotion
 - Take pictures to remember this chapter of your life forever
 - Donate to a friend or families in the community



PANORAMIC DOULA

AT A GLANCE

Leadership: Lindsey McGahey, IFSD, IBC, BE
Website: panoramicdoula.teachable.com
Facebook: @nourishingnations
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Service Area: Chippewa County, Bay Mills Chippewa Indian Community, and Sault Ste. Marie Tribe of Chippewa Indians
Primary identity population this organization reflects and represents in their community: Indigenous families
Topics covered: Milk Supply, Latch

PANORAMIC DOULA PROVIDES COMMUNITY-BASED, EQUITY-CENTERED BIRTH AND BREASTFEEDING SERVICES IN CHIPPEWA COUNTY, SHARING THE EXPERIENCE AND KNOWLEDGE OF SUPPORTING PEOPLE THROUGH AND BEYOND THEIR REPRODUCTIVE EXPERIENCES WHILE SPECIALIZING IN UNIQUE AND COMPREHENSIVE TRADITIONAL, INDIGENOUS POSTPARTUM CARE AND LACTATION SUPPORT.

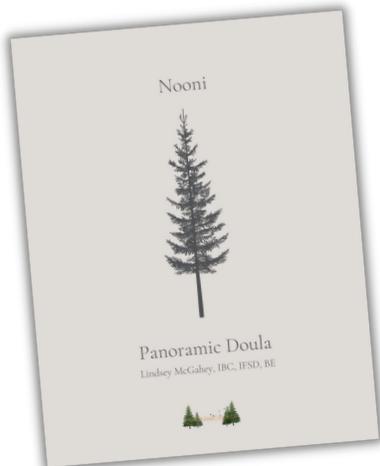


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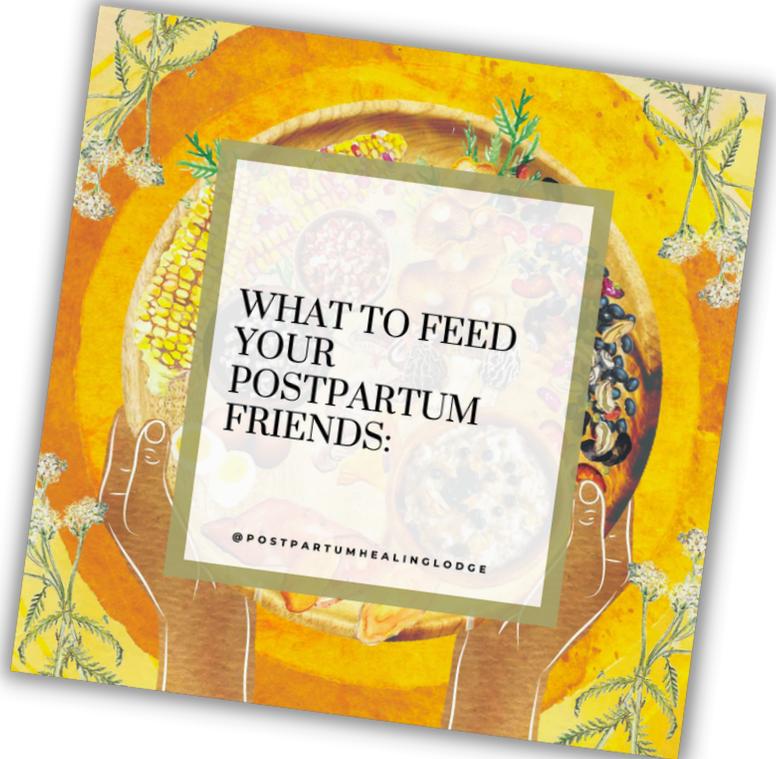
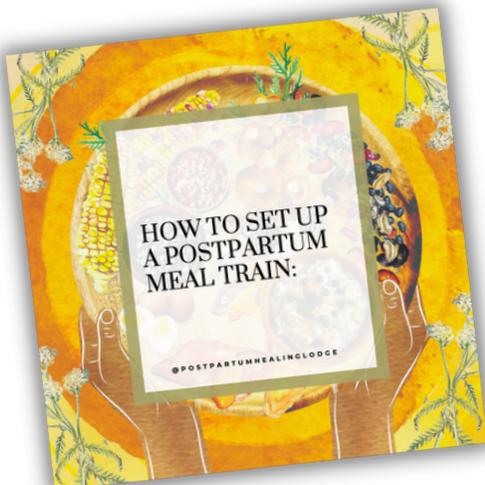


POSTPARTUM HEALING LODGE

AT A GLANCE

Leadership: Raeanne Madison, MPH
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Email: raeanne@postpartumhealinglodge.com
Service Area: Chippewa County, Michigan, home to both the Sault Ste. Marie Tribe of Chippewa Indians, the Bay Mills Indian Community, and other Indigenous nations
Primary identity population this organization reflects and represents in their community: Indigenous families
Topics covered: Other: setting up postpartum meal train, what to feed your postpartum friends

POSTPARTUM HEALING LODGE PROVIDES TRADITIONAL BIRTH, POSTPARTUM, AND LACTATION CARE FOR INDIGENOUS FAMILIES ALONG WITH CURATING ONLINE COURSES FOR BIRTH WORKERS, COMMUNITY MEMBERS, AND PROFESSIONALS WHO SERVE INDIGENOUS COMMUNITIES.



SOUTHEAST MICHIGAN IBCLCS OF COLOR

AT A GLANCE

Founding members: Jennifer Day, RLC, IBCLC; Tameka Jackson-Dyer, BAsc, IBCLC, CHW; Sekeita Lewis-Johnson, DNP, FNP-BC, IBCLC; Mia Roetherford, BA, IBCLC, CHW; Shonte' Terhune-Smith, BS, IBCLC
Website: semiibclcofcolor.org
Facebook: Southeast Michigan IBCLCs of Color
Instagram: @SMIBCLCsOfColor
Email: semichioc@gmail.com
Service Area: Metro-Detroit (across Macomb, Oakland, and Wayne Counties), virtual services extend across Michigan
Primary identity population this organization reflects and represents in their community: Black families
Topics covered: Other: Community milk sharing and home pasteurization



SOUTHEAST MICHIGAN IBCLCS OF COLOR'S MISSION IS TO MEET THE UNIQUE NEEDS FOR MENTORSHIP, FELLOWSHIP AND PROFESSION GROWTH OF IBCLCS OF COLOR IN THE SOUTHEAST MICHIGAN REGION IN ORDER TO SUPPLY THE COMMUNITY WITH EQUITABLE ACCESS TO CULTURALLY APPROPRIATE LACTATION SUPPORT AND ADVOCACY.



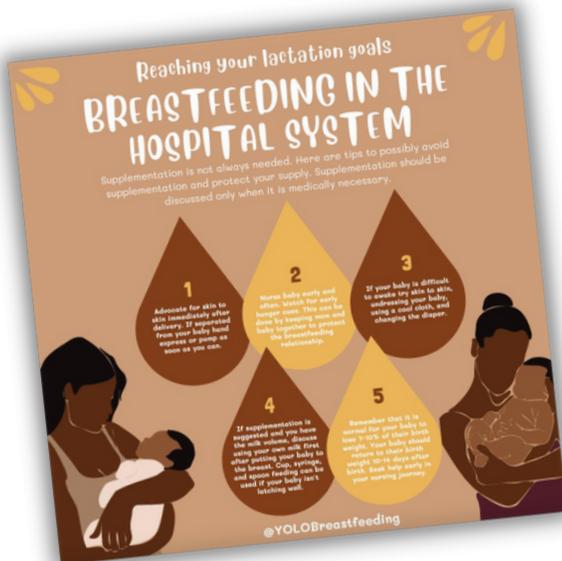
YOLO

AT A GLANCE

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Service Area: Genesee County
Primary identity population this organization reflects and represents in their community: Black families
Topics covered: Other: Community milk sharing and home pasteurization



YOLO'S MISSION IS TO INCLUSIVELY SERVICE FAMILIES THROUGHOUT GENESSEE COUNTY WHILE CENTERING BLACK AND INDIGENOUS FAMILIES AS THEY REACH THEIR BIRTH AND BREASTFEEDING GOALS.



WE ARE DEEPLY GRATEFUL.

Thanks to Michigan Department of Health and Human Services for uplifting, financially supporting, and amplifying some of the many Black and Indigenous-led organizations across Michigan who are community-rooted and clinically-skilled to support birthing families from within their communities. As you, and we, share these across our channels, these educational resources will undoubtedly save lives. It has been our honor to convene this group and support their crucial and ongoing efforts.

The views expressed in these materials are solely those of the author(s) and MIBFN; they do not necessarily reflect the views or official policies of the Michigan Department of Health and Human Services or other supporting entities.