

**WHY
BREASTFEEDING?**

**BREASTFEEDING IS BOTH A RACIAL EQUITY
AND PUBLIC HEALTH IMPERATIVE.**

Human milk-feeding benefits parents, children, families, society, and the environment, including:

- Reducing the risk of reproductive cancers, maternal mortality, postpartum depression, diabetes, and hypertension over the life course for the bodyfeeding parent
- Decreasing the risk of ear infections, infant mortality, diarrhea, leukemia, obesity, and ADHD for the child
- Providing workplace lactation support programs bring a 3-to-1 return on investment for employers through reduced absenteeism, higher morale, and lower insurance costs

"WE RECOMMEND EXCLUSIVE HUMAN MILK-FEEDING FOR THE FIRST 6 MONTHS OF LIFE, AND CONTINUATION UNTIL 2 YEARS OF AGE OR THE TIME MUTUALLY DESIRED BY MOTHER AND CHILD."

- WORLD HEALTH ORGANIZATION

****NOTE - THE NATURAL AGE OF WEANING FOR HUMANS IS GENERALLY CONSIDERED SOMEWHERE BETWEEN AGES 3 AND 5***

Human milk-feeding is the most cost-effective maternal child health strategy (1).

Human-milk feeding is central to reclaiming traditional birth practices from the detrimental and ongoing impacts of colonialism and chattel slavery on Indigenous and Black communities.

Breastfeeding in public is protected under the 2014 "Breastfeeding Anti-Discrimination Act" in Michigan.

85-87% of Michigan families initiate breastfeeding (2).

Only 58% of birthing people reported breast/chest-feeding at three months (duration), and there are disparities in initiation and duration that must be addressed (3).

**BREASTFEEDING
SAVES LIVES,
ESPECIALLY IN
EMERGENCIES.**

(1) World Health Organization; (2) Michigan PRAMS; (3) State of Michigan Breastfeeding Plan: State Strategies to Advance Breastfeeding Practice 2021-2024

"OUR SYSTEMS ARE NOT SET UP FOR BREASTFEEDING FAMILIES. ESPECIALLY FOR BLACK AND INDIGENOUS FAMILIES, TRADITIONAL BREASTFEEDING PRACTICES WERE INTENTIONALLY STOLEN AND ERASED. THIS LEGACY CONTINUES IN OUR POLICIES AND CULTURAL PRACTICES TODAY AND IT IS HARMING EVERYONE. IN ORDER TO PUT BREASTFEEDING SUCCESS WITHIN REACH, WE NEED TO CHANGE SYSTEMS, NOT FAMILIES."

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

ABOUT MIBFN

Who We Are:

We are a broad, diverse network of breastfeeding supporters throughout Michigan who are committed to disrupting systemic oppression and creating the conditions that are necessary to reclaim human milk feeding as the normal standard for infant and young child feeding via changes in policies and cultural norms. We serve in solidarity with the breastfeeding supporters and organizations who are led by and serving the families most disproportionately impacted by systemic oppression. As of Q1 2025, our current network consists of:

- 8 board members
- 5 staff members
- 19 Community Building partners & organizations
- 292 local breastfeeding supporters & organizations

MIBFN is also a member organization of the following:

- United States Breastfeeding Committee
- Michigan Council for Maternal Child Health
- MI Voices

Who currently supports our work?

- 10 foundations
- 6 state health departments
- 2 insurance providers
- 27 donors

How We Serve:

MIBFN collaborates with organizations and individuals to bring about actionable, system-level changes that are centered on the diverse experiences of Michigan families with young children. To that end, our mission is to advocate, educate, and community-build alongside families and organizations for the advancement of an equitable, just, and breastfeeding-supportive culture.

We envision:

- Human milk feeding-supporters of every identity serving in solidarity with Black, Indigenous, and other marginalized folx, dismantling unjust and inequitable systems of oppression – white supremacy, patriarchy, and capitalism.
- Building new systems that support human lactation centered in equity and justice.
- Decolonization and reclamation of traditional birth, lactation and infant feeding cultural norms.
- Black joy and Indigenous communities thriving.

2025 CURRENT MICHIGAN AND FEDERAL BREASTFEEDING LEGISLATION

ANYTIME, ANYWHERE

MICHIGAN

Breastfeeding Anti-Discrimination Act / Act 197 of 2014, amended in 2024

“An act to prohibit discriminatory practices, policies, and customs in the exercise of the right to breastfeed; to provide for enforcement of the right to breastfeed; and to provide remedies” (amendment to the Breastfeeding Anti-Discrimination Act, 2014, Act 197, Eff. June 24, 2014; Am. 2024, Act 130, Eff. Oct. 8, 2024)

FEDERAL

Fairness for Breastfeeding Mothers Act of 2019 was signed into Public Law No. 116-30.

The Act requires that certain public buildings that contain a public restroom also provide a lactation room, other than a bathroom, that is hygienic and available for use by a member of the public.

2018 Friendly Airports for Mothers (FAM) Act

Ensures that all medium, and large airports in the nation provide accessible, clean, and convenient private spaces in each terminal for travelers to express human milk.

2020 Friendly Airports for Mothers (FAM) Improvement Act
Extends 2018 legislation that ensures lactation rooms be provided in small airports throughout the United States.

MIBFN POLICY PRIORITIES

- In alignment with the rights secured for families with the 2014 Breastfeeding Anti-Discrimination Law, all public establishments are required to uphold a person’s right to breastfeed and express human milk in public and in private without discrimination
- In an explicit effort to normalize extended breastfeeding and natural weaning, all personnel are provided with training on why and how to support breastfeeding, bodyfeeding, and milk expression by patrons and visitors to their establishment without age limitations
- Breastfeeding, bodyfeeding, and milk expression are expected and encouraged in all places
- Financial penalties are assigned each time breastfeeding, bodyfeeding, and/or milk expression are not permitted
- Comfortable and private breastfeeding, bodyfeeding, and milk expression spaces are readily available, accessible, and entirely optional to use based on the desire of the parent
- Breastfeeding, bodyfeeding, and milk expressing folk are welcome in all spaces without question or regard to the age of the child
- Breastfeeding-supportive written policy is publicly available to all who enter an establishment and every establishment provides public support for breastfeeding families with information about their rights

BIRTH JUSTICE

None

None

- All inpatient and outpatient birthing care organizations provide all personnel with equity-centered training to support breastfeeding/bodyfeeding
- Equitable compensation for birth and breastfeeding/bodyfeeding professionals is based on the levels of clinical skill, effort, responsibility, and working conditions involved in doing the work – commensurate with professional expertise and lived experience but not necessarily reliant on specific credentials or externally recognized certifications

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BIRTH JUSTICE (CTD)

MICHIGAN

FEDERAL

MIBFN POLICY PRIORITIES

- Birth and breastfeeding/bodyfeeding support are offered at low/no cost to families and families have access to financial aid when they need it.
- Birth and breastfeeding/bodyfeeding care teams are multidisciplinary and meet – at least – the following criteria
 - Racially and ethnically representative of the families they serve, and are actively anti-racist
 - Skilled in adhering to the cultural traditions of each family they serve
 - Trauma-informed
 - Center the families they serve
 - Provide warm hand offs among lactation providers so families have access to care 24-7
 - Communicate with each other to coordinate care and optimize families’ health outcomes
 - Fairly compensated with stable income and benefits packages that are adequate to support their families
- IBCLC should be a stand-alone credential that does not require significant financial and/or time burden to obtain
- A multitude of birthing locations and resource options are available to each family, including homebirth, birth centers, and hospitals and costs do not limit choices among families.
- Milk expression education and supplies – e.g. pumps and equipment – are easily accessed, equitably distributed, and offered at low/no cost to the breastfeeding/bodyfeeding parent. Access to financial aid is available when parents need it.
- Milk sharing programs are readily accessible, honor the cultural traditions of the milk donor and milk recipient, and are offered at low/no cost to families. Access to financial aid is available when families need it.
- Community milk sharing – a traditional practice in BIPOC communities and consists of lactating parents feeding and/or sharing human milk with others based on informed choice – is free from systemic barriers.
- Birth spaces and birthing center policy recognize the importance of support persons for the laboring parent without restrictions or hardship
- Parents and newborns are kept together in critical hours after birth, including during crises and emergencies.
- Postpartum policies support bonding time to help parents and infants to establish breastfeeding/bodyfeeding without intrusion by unnecessary staff or procedures
- Families have access to birth and/or postpartum doula support that is easily accessed and free of financial burden to the family
- Medicare for all is guaranteed
- Reparations are paid to descendants of enslaved Africans
- Reparations are paid and land is returned to Indigenous people

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CHILD CARE

MICHIGAN	FEDERAL	MIBFN POLICY PRIORITIES
None	<p>Child and Adult Care Food Program Guidelines</p> <p>Provides reimbursement for child care providers who feed human milk to infants in their care.</p>	<ul style="list-style-type: none"> • All child care staff – including licensing staff – are trained to support breastfeeding/bodyfeeding and provide expressed human milk to children in their care, regardless of the age of the child • Parents and staff are encouraged to breastfeed/bodyfeed on site at drop-off, pick up, and during intervals throughout the day as mutually agreed, regardless of the age of the child • Hospital grade pumps and kits are available for parents to use on site • When a parent cannot be onsite for breastfeeding/bodyfeeding <ul style="list-style-type: none"> ◦ Human milk is provided to the child during all meals and snacks, using “paced feeding” method ◦ Human milk is handled according to evidence-based guidelines, like those provided by the Centers for Disease Control and Prevention ◦ No additional burdens are placed on breastfeeding/bodyfeeding parents when human milk is supplied (e.g. temperature requirements, preparation requirements, etc.) • For child cares where amenities such as diapers, human milk substitute, and other essentials are included in the price of enrollment/tuition: <ul style="list-style-type: none"> ◦ Community milk sharing is made accessible and is encouraged ◦ Discounts are provided to breastfeeding/bodyfeeding families at a rate comparable to the commensurate cost of human milk substitutes • Space is created for parents and staff to breastfeed/bodyfeed and/or express milk that is private, free from intrusion, and accessible throughout the day • Workers are allowed the time required to breastfeed/bodyfeed and/or express human milk and are not penalized for not working • Breastfeeding/bodyfeeding information, referrals, and community resources are readily available for families seeking support • On-site child care is provided at all places of employment • Child care does not require significant financial burden for families

CHILD CUSTODY

<p>Child Custody Act of 1970 MCLS S 722.27a</p> <p>Allows the judge to consider the breastfeeding/bodyfeeding relationship when determining parenting time.</p>	None	<ul style="list-style-type: none"> • Child custody laws protect the breastfeeding/bodyfeeding relationship between parent and child for at least two years of life or until agreed upon by the breastfeeding/bodyfeeding parent • All judicial, court, and Friend of the Court personnel are educated to prioritize protection of the breastfeeding/bodyfeeding relationship with particular attention to the evidence that pumping and milk expression should not be mandated substitutes for direct body feeding • Friend of the Court provides both the breastfeeding/bodyfeeding and non breastfeeding/bodyfeeding parent with evidence-based breastfeeding/bodyfeeding resources and referrals to skilled lactation support • Materials on breastfeeding/bodyfeeding along with community resources are readily available to families • Children are welcome at proceedings to ensure that breastfeeding/bodyfeeding is not interrupted, regardless of the age of the child
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COURTS

MICHIGAN	FEDERAL	MIBFN POLICY PRIORITIES
<p>Revised Judicature Act of 2961 / Act 236 of 1961</p> <p>Protects the right to seek exemption from jury duty while breast/bodyfeeding.</p> <p>(Note: does not protect the right to breastfeed/bodyfeed while serving on a jury.)</p>	<p>None</p>	<ul style="list-style-type: none"> • In alignment with the requirements set out in the Revised Judicature Act of 1961, "An individual who is a nursing mother may claim exemption from jury service for the period during which she is nursing her child and must be exempt upon making the request if she provides a letter from a physician, a lactation consultant, or a certified nurse midwife verifying that she is a nursing mother." • All personnel are trained on why and how to support breastfeeding/bodyfeeding and milk expression • Accommodations for virtual court proceedings are provided whenever possible • When a virtual proceeding is not possible, <ul style="list-style-type: none"> ◦ Children are allowed onsite with breastfeeding/bodyfeeding parents ◦ Space is created for lactating folk who enter the court (including jurors, litigants, etc.) to breastfeed/bodyfeed and/or express milk that is private but not a bathroom, free from intrusion, and accessible throughout the time folk are required in court ◦ All courtroom personnel – from judges to security – are educated and able to support breastfeeding/bodyfeeding parents • A breastfeeding/bodyfeeding-affirming policy is publicly shared with every person visiting the judicial space

EDUCATION

<p>None</p>	<p>None</p>	<ul style="list-style-type: none"> • Elementary through high school: breastfeeding/bodyfeeding education is part of health and sex education curriculum through established health and sex education standards that include breast anatomy and physiology and function, including the composition and nutritious value of human milk. • College and beyond: All health-related courses (e.g. anatomy, physiology, biology, etc.) include education on breastfeeding/bodyfeeding and breast/chest anatomy for students • Post-secondary courses include specific breastfeeding/bodyfeeding education as required education for all health professions • All personnel and students have access to childcare on-site, free of financial burden (see "child care" campaign for additional policy guidance) • All schools – elementary through post-secondary – Comfortable, convenient, and private breastfeeding, bodyfeeding, and milk expression spaces are that readily available, accessible, and entirely optional to use based on the desire of the parent • Data collection, reporting, and dissemination is centered in respect for the traditions, customs, and cultures of the communities where information is learned • Free college tuition is guaranteed for all
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EMERGENCIES

MICHIGAN	FEDERAL	MIBFN POLICY PRIORITIES
None	None	<ul style="list-style-type: none"> • All personnel (e.g. first responders, volunteers, and emergency shelter staff) are trained on why and how to support breastfeeding/bodyfeeding and milk expression • Community-centered and culturally relevant breastfeeding/bodyfeeding education and referrals are provided to families • The default responses in emergencies are to assume until proven otherwise that: <ul style="list-style-type: none"> ◦ The risks of human milk feeding are less than the risks of artificial human milk substitutes ◦ It is safer to keep babies and birthing folks/parents together while the determination of safety is made, rather than first separating families until determining safety • Families have access to virtual skilled lactation support, if desired, including increased access to the internet and HIPAA-compliant telehealth platforms • “Birth justice” principles apply at all times, especially during emergencies. For example, birthing folks are assumed to be safer with support folks and partners alongside them, rather than being separated and alone with hospital staff to birth. See campaign 2, Birth Justice • Access to human milk is widely available within multiple settings, including NICU, hospital, birth center, and the community with an emphasis on providing milk to families that are most harmed by current policy, and during emergencies/disasters • Community milk sharing is normalized and financially supported • All breastfeeding/bodyfeeding people are supported to continue breastfeeding/bodyfeeding and/or milk expression without delay or interruption • Hand expression is taught and supported to maintain lactation without electricity • Donations of human milk substitutes are not accepted and/or distributed to families during emergencies/disasters • Equitable access to human donor milk is a priority for families during emergencies/disasters including but not limited to the ongoing COVID-19 pandemic and formula shortage crisis • The US system of commodifying land degradation through capitalism is abolished and replaced

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FOSTER

MICHIGAN	FEDERAL	MIBFN POLICY PRIORITIES
None	None	<ul style="list-style-type: none"> • Whenever possible, children are not forcibly separated from their breastfeeding/bodyfeeding parent • When child and breastfeeding/bodyfeeding parent are separated, access to the birthing parent's milk is prioritized, <ul style="list-style-type: none"> ◦ Breastfeeding/bodyfeeding parent is supported, with supplies and courier service (e.g. Mama's Mobile Milk) to provide human milk to their child at low/no cost. ◦ Foster parents are trained on why and how to provide human milk to the child – including but not limited to paced feeding, feeding amount expectations, milk storage and safety ◦ Fostering agreements require that human milk is provided by the foster parent. Penalties for failure to do so range from termination of the foster relationship to termination of licensure. ◦ Human milk is handled by the breastfeeding/bodyfeeding parent, courier, and foster parent according to evidence-based guidelines, like those provided by the Centers for Disease Control and Prevention ◦ Lactation staff are a mandatory part of the foster care support team ◦ Lactation support is part of the required training (much like social work) and is a covered/insured aspect of the foster relationship ◦ Stimulating milk production is taught to the foster parent • Where maintaining access to milk from the birth parent is not possible, the donor milk and community milk sharing systems are activated to ensure uninterrupted access to human milk for the child • The US systems of family separation are abolished and replaced

HEALTH CARE

None	<p>2010 Patient Protection and Affordable Care Act (ACA)</p> <p>Effective March 23, 2010, the Patient Protection and Affordable Care Act amended the FLSA to require employers to provide lactating employees with reasonable break time to express human milk after the birth of a child. The amendment also requires that employers provide a place for an employee to express human milk.</p>	<ul style="list-style-type: none"> • All health care providers are aware of the positive impact breastfeeding/bodyfeeding has on health outcomes in their specialization and are skilled at protecting breastfeeding/bodyfeeding in their care plans, including during medical intervention • All healthcare providers utilize a referral system that supports families to find culturally relevant, skilled lactation care rooted in their communities • All health care providers have written policies in place that are publicly shared to ensure breastfeeding/bodyfeeding is protected within all offices and clinics and provide education to staff for supporting breastfeeding/bodyfeeding families • All health care spaces encourage and promote breastfeeding/bodyfeeding for those visiting and/or undergoing procedures (for example, the emergency department, outpatient offices, specialty clinics) • All health care providers have access to and utilize current evidence-based information for human milk and medication compatibility, without age limitations. • Failure to provide adequate care malpractice AND failure to find a solution, no care is also a problem
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HEALTH CARE (CTD)

MICHIGAN	FEDERAL	MIBFN POLICY PRIORITIES
		<ul style="list-style-type: none"> • Failure to provide evidence-based care is subject to malpractice – both in instances where <ul style="list-style-type: none"> ◦ Treatment is provided that is contraindicated for pregnancy and/or breastfeeding including advising against or refusing to prescribe a medication until someone is no longer breastfeeding without taking into consideration available evidence including maternal blood and milk concentrations, oral bioavailability, molecular weight and the risk to the infant/child of not receiving human milk; and ◦ Treatment is delayed due to unwillingness to provide treatment options compatible with pregnancy and/or breastfeeding • Advising someone to stop breastfeeding for reasons that are not based in evidence is subject to malpractice • Insurance coverage always includes options for treatment options compatible with pregnancy and/or breastfeeding

INCARCERATION

<p>2021 Michigan Department of Corrections Policy Directive: Pregnant and Postpartum Prisoners</p> <p>Expands maternal and postpartum healthcare for women who are incarcerated.</p>	<p>None</p>	<ul style="list-style-type: none"> • All prison and jail personnel are trained on why and how to support breastfeeding/bodyfeeding, milk expression, and milk courier service • Deferred sentencing or commutation to a different type of service (e.g. classes, etc.), where baby can safely be with breastfeeding/bodyfeeding parent, is an explicit option for breastfeeding/bodyfeeding parents • Folks who decide to relactate in order not to be separated are given skilled lactation support • When commutation and/or deferral are not possible, baby stays at the facility with the breastfeeding/bodyfeeding parent, regardless of feeding preference or the age of the baby • Program requirements for participation in mother-baby programs in jails and prisons are created with direct attention to <ul style="list-style-type: none"> ◦ Mitigating risks of racial bias in selection of program participants ◦ Ensuring that only directly relevant eligibility requirements are required for participation • When baby is not staying at the facility, milk expression with milk courier (e.g. Mama's Mobile Milk) is arranged for the breastfeeding/bodyfeeding parent • Medical care required by the incarcerated breastfeeding/bodyfeeding parent is provided by a skilled lactation professional to prevent and/or treat any lactation concerns • Visitors have space to breastfeed/bodyfeed and/or express human milk without penalty during visitation with incarcerated people • For both visitors with babies and incarcerated birthing folks, the time used to express milk during visitation does not count against the total visitation time • The US carceral system is abolished and replaced
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MENTAL HEALTH

MICHIGAN	FEDERAL	MIBFN POLICY PRIORITIES
None	None	<ul style="list-style-type: none"> • 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 mental health 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 minimum, the following: Weaning, Miscarriage, Birth trauma, Surrogacy, Infant loss, and Pregnancy release. • All mental health supporters who serve alongside birthing and breastfeeding/bodyfeeding persons are trained in and provide Trauma Informed Care • All mental health supporters who serve alongside birthing and breastfeeding/bodyfeeding persons are trained in and provide lactation supportive and protective care • Patients are screened for, at minimum, the following: Weaning, Miscarriage, Birth trauma, Surrogacy, Infant loss, and Pregnancy release, and treatment plans are developed accordingly • Skilled lactation support, advocacy, and protection form 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 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, LGBTQIA, 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 identity and preferences of the patient

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WATER PROTECTION

MICHIGAN	FEDERAL	MIBFN POLICY PRIORITIES
None	None	<ul style="list-style-type: none"> • Indigenous water protectors are centered in leadership and decision-making regarding the protection and safety of water • Emergent and ongoing water crises in Michigan are prioritized for remediation and include – but are not limited to: lead contamination, PFAS contamination, Legionnaires disease, oil spills, and boil water advisories • Especially in light of the emerging and ongoing water crises primarily impacting Black and Indigenous communities across Michigan, traditional human milk feeding practices are protected and supported to reduce the detrimental effects of unsafe drinking water supply • Donations of human milk substitutes are not accepted and/or distributed to families during water contamination emergencies/disasters • To prevent future contamination of Michigan’s fresh water supply and in solidarity with the Native American Relief Fund and the Anishinnabe people of Bay Mills Indian Community, the proposed Enbridge Straits of Mackinac Line 5 pipeline is closed and all proposed expansion projects are terminated

WORKPLACE

<p>Medicaid insurance guidelines for breast pumps will cover personal use standard pumps or manual pumps per the Affordable Care Act.</p>	<p>2010 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.</p> <p>Providing Urgent Maternal Protection (PUMP) for Nursing Mothers Act</p> <p>Strengthens the Break Time for Nursing Mothers law by expanding workplace protections for lactating workers currently excluded from overtime protections; clarifying employers’ obligations under the law; ensuring workers can recover appropriate forms of relief in court, including reinstatement and back pay; and ensuring employees have access to appropriate remedies.</p> <p>Pregnant Workers Fairness Act (PWFA)</p> <p>Requires employers to provide reasonable accommodations for pregnant workers to ensure their health and safety.</p>	<ul style="list-style-type: none"> • In an explicit effort to normalize extended human milk feeding and natural weaning, all workplace lactation support policies are written without limitations for the age of the child • All personnel are provided with training on why and how to support breastfeeding, bodyfeeding, and milk expression, and on all lactation policies/accommodations available to employees • 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 identity and preferences of the patient • Employment policies that are inclusive of the needs of lactating folk are established. Policies can include, but are not limited to: <ul style="list-style-type: none"> ◦ Baby-at-work where employees have access to baby for direct breastfeeding/bodyfeeding in the workplace whenever possible ◦ Virtual/remote work for the duration of milk expression and human milk feeding ◦ In alignment with the PUMP Act, providing on-site lactation support that includes providing employees with employee-determined time and space to express human milk regardless of legal status and employment classification without penalty ◦ Work related travel is accommodated with all necessary breastfeeding/bodyfeeding, milk storage, milk transport, and supplies • Employment policies regarding milk expression are inclusive of lactating folk who express milk for a child who is not in their custody (e.g. for milk donation, milk sharing, surrogacy, etc.) • Universal basic income is guaranteed for all • Federal minimum wage is guaranteed for all workers • Two years of paid family leave is provided to birthing and non-birthing persons both the breastfeeding/bodyfeeding and non breastfeeding/bodyfeeding parent
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