2022-2027

NEW JERSEY BREASTFEEDING STRATEGIC PLAN

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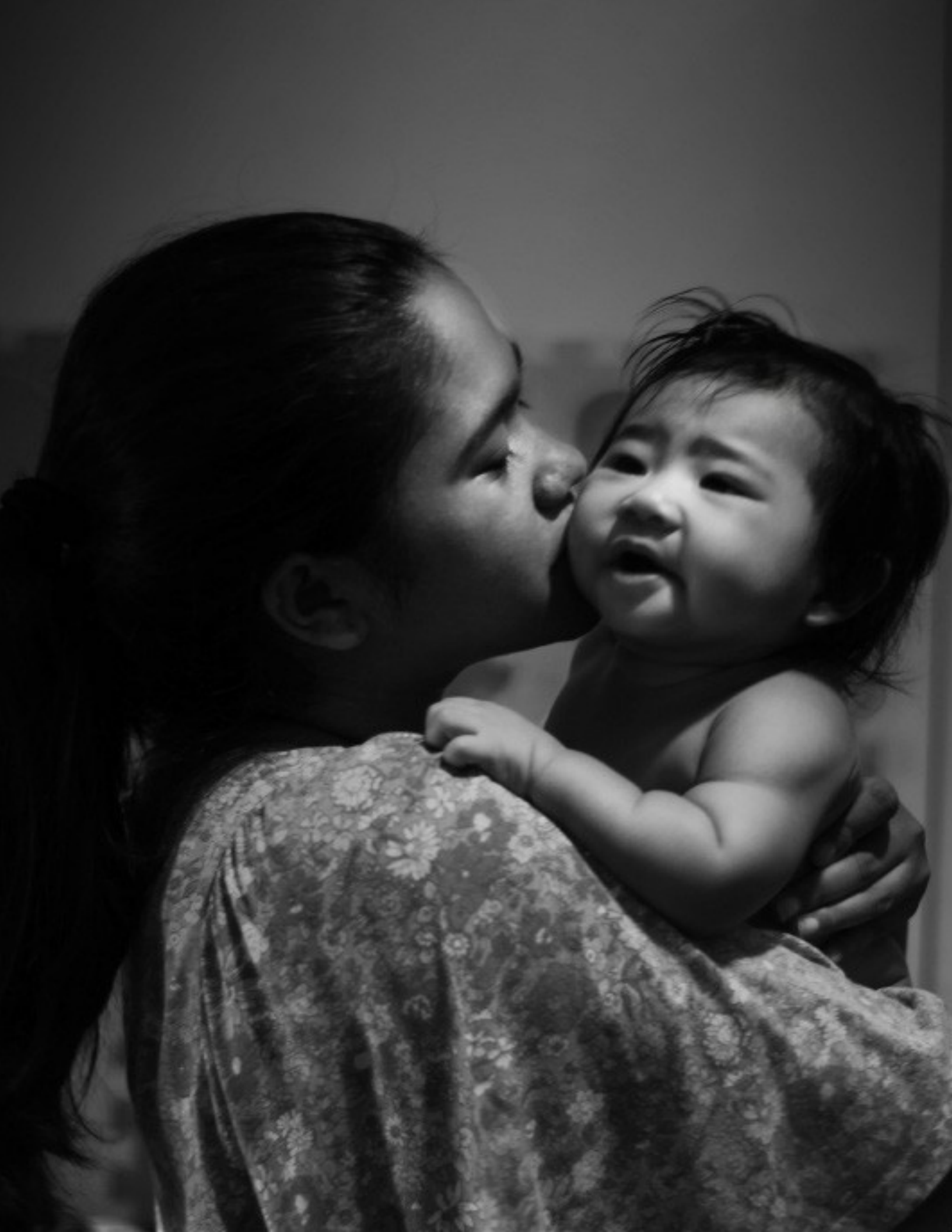

Acknowledgements

The New Jersey Breastfeeding Strategic Plan team gives special thanks to the New Jersey Department of Health and these individuals for their invaluable support and assistance with the Strategic Plan:

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Executive Summary

Problem- Why the plan was developed:

Currently New Jersey (NJ) is ranked 47th in the nation for maternal deaths and has one of the widest racial disparities for both maternal and infant mortality. Breastfeeding is a biological norm and a fundamentally important way to feed infants. Its positive impact on infant and maternal health outcomes make it an important step in addressing New Jersey's racial and ethnic disparities in birth outcomes. Reducing breastfeeding disparities aligns with the overall vision of the Nurture New Jersey Strategic Plan launched in 2019 under the stewardship of the First Lady of New Jersey, Tammy Murphy. The plan aims to address maternal health inequities in order to make the state the safest place and most equitable place in the nation to deliver and raise a baby and achieve equality in all maternal and infant health outcomes.

Eliminating these disparities is also key to ensuring optimal maternal health. Lactation can have a significant positive impact for Black women who suffer from increased rates of cardiovascular disease and certain forms of breast cancer, whose incidence and risk factors (diabetes, hypertension, obesity, and hyperlipidemia) are reduced by breastfeeding.

Therefore increasing breastfeeding rates among Black women by centering breastfeeding promotion and support in the social and economic ecosystems identified in the Nurture NJ Strategic Plan could positively impact maternal health outcomes. More specifically Nurture NJ Strategic Plan's recommendation 5.18 states that the Department of Health (NJDOH) should work with state leaders to provide breastfeeding support in communities for both mothers, fathers and other partners; and 9.8 which states that all parents should receive community-based peer support for postpartum health, breastfeeding and social support.

New Jersey's breastfeeding practices lag significantly behind the recommendations of the American Academy of Pediatrics (AAP) and the World Health Organization (WHO). Exclusive breastfeeding rates in the hospitals are declining, while formula feeding and combination feeding (breast milk and formula) are rising. The protection against disease that breast milk provides, its importance to strengthening infant immune response, and its ability to be fed independent of clean water, sterile feeding vessels, and electricity, make it a critical human resource during public health emergencies.

Purpose:

The purpose of the Breastfeeding Strategic Plan is to provide a roadmap to identify and foster policy, environmental and systems changes to increase breastfeeding initiation, duration, and exclusivity in New Jersey. The plan will serve as a blueprint of concrete actions to be taken by government, the healthcare sector, businesses, insurance, education, and the community to better promote and support breastfeeding and to create a statewide environment that normalizes breastfeeding.

To inform the creation of this plan, the voices of mothers, parents, healthcare providers, and experts, as well as stakeholders from government, education and healthcare, insurance, business, and community organizations were sought. A list of participating departments and programs can be found in Appendices D and E of the New Jersey Breastfeeding Strategic Plan (NJBSP).

Federal and state legislative efforts to support breastfeeding have grown in the recent years. New Jersey has statutes, regulations, and licensing standards that support breastfeeding in public, at work, and school, providing the state a good foundation for addressing the goals and strategies set for in the NJBSP. The plan includes eight goals and several strategies including the state agencies/departments responsible. The tables below outline the first year objectives and the full list of goals and strategies set forth for the next five years.

OBJECTIVES TO BE ACCOMPLISHED IN YEAR 1 (2022)						
Goal			**Strategy**		**Objectives**	**State Agencies Involved**
1	Provide families the support they need to breastfeed their babies.	**1.1**	Eliminate systemic barriers in lactation support to provide all families the support they need in a statewide environment where breastfeeding is normalized and racial and ethnic disparities in lactation are eliminated.	**1.1.1**	By 2022, allocate funding within NJDOH for at least 1 FTE to provide oversight for the Breastfeeding Strategic Plan.	New Jersey Department of Health (NJDOH)
				1.1.2	By 2022, increase the number of lactation support staff in WIC Services to 2.	NJDOH (WIC)
		1.3	Increase support for community organizations that provide lactation education and peer-to-peer support.	**1.3.4**	By 2022, expand the role of the statewide WIC Breastfeeding Coordinator to include increased outreach to state healthcare provider organizations, nutrition programs, and other maternal child health partners.	NJDOH Department of Human Services (DHS) Department of Children and Families (DCF)
7	Strengthen maternal and child health social services among communities with highest risk of poor health outcomes associated with public health crises.	**7.1**	Bolster delivery of WIC services during public health crises and emergencies.	**7.1.1**	By 2022, develop a NJ WIC Services emergency/disaster plan that ensures rapid and seamless transition of WIC services to emergency procedures and remote operation during public health crises and emergencies.	NJDOH (WIC)
				7.1.2	By 2022, transition statewide delivery of WIC benefits from paper vouchers to Electronic Benefits Transfer (EBT) cards.	NJDOH (WIC)
				7.1.3	By 2022, expand texting capabilities to all WIC local agencies for more efficient distribution of public health information and administrative communications to WIC participants.	NJDOH (WIC)
				7.1.4	By 2022, ensure that WIC local agency facilities have installed physical safety redesign and social distancing features and have sufficient PPE to protect all WIC local agency employees, including breastfeeding staff, when in-person client contact is needed during public health and other emergencies.	NJDOH (WIC)
		7.2	Strengthen delivery of WIC breastfeeding support services during emergencies and public health crises.	**7.2.2**	By 2022, include WIC breastfeeding counseling and support groups in services that can be delivered remotely through texting, telephone, or videoconferencing service.	NJDOH (WIC)
				7.2.3	By 2022, develop guidelines and procedures for the delivery of WIC in- person breastfeeding support services during public health crises and emergencies for inclusion in the NJ WIC Services emergency/disaster plan recommended in Objective 7.1.1 above.	NJDOH (WIC)

SUMMARY OF OVERALL GOALS AND STRATEGIC ISSUE AREAS FOR 2022-2027

Goals	Strategies	State Partner Agencies
Goal 1: Provide families the support they need to breastfeed their babies.	**1.1** Eliminate systemic barriers in lactation support to provide all families the support they need in a statewide environment where breastfeeding is normalized, and racial and ethnic disparities are eliminated.	New Jersey Department of Health (NJDOH) Department of Children and Families (DCF) Department of Human Services (DHS) Department of Education (DOE) Department of Consumer Affairs (DCA)
	1.2 Increase education/programming to educate fathers, grandmothers, partners, teens, and children about breastfeeding.	
	1.3 Increase support for community organizations that provide lactation education and peer to peer support.	NJDOH (WIC & Maternal and Child Health [MCH]) DCF/DHS
	1.4 Increase compliance with the World Health Organization's International Code of Marketing of Breastmilk Substitutes.	NJDOH (MCH) DCA
Goal 2: Ensure that maternity practices are fully supportive of breastfeeding and lactation and are free of bias	**2.1** Increase support of breastfeeding and breast milk feeding that is free of cultural bias in maternity care practices.	NJDOH (MCH)
	2.2 Develop systems to guarantee continuity of skilled support for lactation among hospitals, healthcare settings, WIC, home visitation programs, and community-based breastfeeding support organizations.	NJDOH (WIC & MCH)
	2.3 Provide education and training in breastfeeding and lactation that promotes consistent messages on basic breastfeeding and lactation management and support to all healthcare professionals who care for pregnant and postpartum patients, infants, and children.	DOE DCA
	2.4 Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.	NJDOH (MCH) DCA DHS/Division of Medical Assistance and Health Services (DMAHS)
	2.5 Ensure access to services provided by diverse international board-certified lactation consultants (IBCLCs), lactation counselors, and breastfeeding medicine physicians.	
	2.6 Identify and address obstacles to greater availability of pasteurized human donor milk for infants who need it, especially fragile infants.	NJDOH (MCH & Public Health and Environmental Laboratories [PHEL]) DHS DCA

Goals	Strategies	State Partner Agencies
Goal 3: Ensure that employers and childcare providers accommodate lactation.	**3.1** Maximize awareness and enforcement of protections and accommodations for breastfeeding employees in New Jersey's Law Against Discrimination and awareness and utilization of New Jersey's paid family leave programs.	Department of Labor (DOL) NJDOH (MCH) DCA
	3.2 Encourage and expand workplace programs that allow parents to bring their baby to work and permit lactating parents to have direct access to their babies.	NJDOH DOL DOE
	3.3 Ensure that all licensed and registered childcare providers serving infants and toddlers accommodate the needs of breastfeeding and lactating parents in New Jersey by 2025. This will be accomplished by objective 3.3.2 and 3.3.3—see page 22.	NJDOH (MCH) DCF
Goal 4: Strengthen existing capacity and develop future capacity for conducting research and surveillance on breastfeeding and lactation.	**4.1** Increase funding of high-quality research on breastfeeding and lactation.	NJDOH (MCH)
	4.2 Increase capacity for conducting breastfeeding and lactation research in New Jersey.	
	4.3 Increase availability of breastfeeding related data statewide.	
Goal 5: Increase state infrastructure and policy making in support of lactation.	**5.1** Improve state public health infrastructure to coordinate policy on the promotion and support of breastfeeding and breast milk feeding.	NJDOH (MCH & PHEL)
	5.2 Educate county and local leadership on the promotion and support of lactation.	NJDOH (MCH)
	5.3 Increase interagency lactation support through additional policy-making initiatives.	NJDOH (MCH) DOC/DOE
Goal 6: Improve and institutionalize emergency preparedness measures for pregnant and breastfeeding/breast milk feeding individuals that ensure access to breastfeeding supports and services during public health crises and emergencies.	**6.1** Develop cross sector systems including hospitals, Health Care Providers (HCPs) and community organizations that ensure accessibility and continuity of skilled lactation support for breastfeeding initiation during birth hospitalization, upon discharge, and during the first twelve months of infant life specifically developed to reduce disruption of services due to public health crises and to eliminate structural inequities that affect Black, Indigenous and People of Color (BIPOC) communities.	NJDOH (MCH)
	6.2 Convene an interdisciplinary team of academic and clinical researchers, public health professionals, lactation consultants, and community-based organizations to compile all relevant New Jersey breastfeeding data and conduct cross sector research related to breastfeeding during a public health crisis.	NJDOH (MCH)

	6.3 Implement a statewide interdisciplinary team of obstetricians, pediatricians, infectious disease physicians, family practice physicians, midwives, international board-certified lactation consultants, advanced practice nurses, nurses, pharmacists, and community members to determine best-practices based on current research on breastfeeding during a public health crisis and ensure comprehensive protocols are in place to address additional waves or overlapping infections (influenza season).	NJDOH (MCH) DHS/DMAHS
	6.4 Develop an equitable and safe distribution plan for immunizations of pregnant women and neonates using research evidence-based prevention and intervention protocols.	NJDOH (MCH)
Goal 7: Strengthen maternal and child health social services among communities with highest risk of poor health outcomes associated with public health crises.	**7.1** Bolster delivery of WIC services during public health crises and emergencies.	NJDOH (WIC)
	7.2 Strengthen delivery of WIC breastfeeding support services during emergencies and public health crises.	
Goal 8: Support, protect, and promote breastfeeding as the biological norm and optimal way to feed infants during global health pandemics and public health crises.	**8.1** Enhance breastfeeding public awareness campaigns to include the benefits of breastfeeding during public health crises. Ensure that professional education for healthcare providers includes evidence-based lactation training (See Strategy 2.3).	NJDOH (MCH & PHEL) DOE
	8.2 Maintain existing policies, practices, and legal requirements for breastfeeding support in employment, childcare, insurance, and government. Integrate recommended national and global guidance on breastfeeding in public health crises and emergencies into breastfeeding support in employment, childcare, insurance, and government. Integrate recommended national and global guidance on breastfeeding in public health crises and emergencies into breastfeeding support in these sectors.	NJDOH

Conclusion

All leading health authorities agree that breastfeeding is the optimal form of infant feeding which confers lifelong health benefits to infants, children, and mothers. Breastfeeding also positively impacts healthcare costs, the economy, and the environment.

Reducing racial and ethnic disparities in breastfeeding and building a stronger public health infrastructure is imperative in contributing to equitable health outcomes. Collaborative and coordinated efforts across all sectors including government, business, healthcare, insurance, education, and community organizations, are essential to supporting breastfeeding and breast milk feeding to ensure the optimal public health outcomes. Thus, increasing breastfeeding is a public health imperative and everyone has a role to play in its support.

INTRODUCTION

Breast milk provides nutritional and immunological components that are ideally suited to the growth and development needs of human babies. Breastfeeding is also a dynamic psychosocial process, and a fundamental part of the reproductive cycle with important maternal health consequences.[1,2] A lack of breastfeeding can raise the risk of morbidity and mortality. Its positive impacts on infant and maternal health outcomes make it an important step in addressing New Jersey's racial and ethnic disparities in birth outcomes.

New Jersey breastfeeding rates practices are significantly behind the recommendations of the American Academy of Pediatrics (AAP) and the World Health Organization (WHO), which urge exclusive breastfeeding for the first six months of life, continuing with the introduction of complementary foods for two years and beyond. While initiation rates in the state are high, all breastfeeding rates, and particularly exclusive breastfeeding rates, drop sharply in the early months. Exclusive breastfeeding rates in the hospital are declining, while formula feeding and combination feeding (breast milk and formula) are rising.

Racial and ethnic disparities also exist in breastfeeding initiation and exclusivity. Eliminating these disparities is critical to ensuring health equity as they affect all children's access to optimal health, growth, and development. Eliminating these disparities is also key to ensuring optimal maternal health as outlined in the Nurture NJ Strategic Plan. Lactation can have a significant positive impact on Black women who suffer from increased rates of cardiovascular disease and certain forms of breast cancer, whose incidence and risk factors (diabetes, hypertension, obesity, and hyperlipidemia) are reduced by breastfeeding.

In recognition of the crucial importance of breastfeeding to public health, the New Jersey Department of Health (NJDOH) partnered with the Central Jersey Family Health Consortium (CJFHC) and the New Jersey Breastfeeding Coalition (NJBC) to develop the New Jersey Breastfeeding Strategic Plan (NJBSP) to focus and coordinate statewide efforts to improve lactation support. The framework of this plan is the United States Surgeon General's Call to Action to Support Breastfeeding, which recommends twenty key action steps that clinicians, families, communities, businesses, researchers, and government leaders can take to increase breastfeeding support to improve maternal and child health. A special focus of the plan is to meet the needs of participants of the Special Supplemental Nutrition Assistance Program (SNAP) and the Supplemental Nutrition Assistance Program for Women, Infant, and Children (WIC). To inform the creation of this plan, NJBSP staff sought the voices of mothers, parents, healthcare providers, and experts as well as stakeholders from government, education and healthcare, insurance, business, and community organizations. This input was obtained through meetings, interviews, healthcare provider surveys, and eight consumer focus groups conducted around the state. Funding for the NJBSP was provided through the Special Supplemental Nutrition Assistance Program-Education (SNAP-Ed), the nutrition and fitness education arm of SNAP.

The purpose of the Breastfeeding Strategic Plan is to provide a roadmap to identify and foster policy, environmental, and systems changes to increase breastfeeding initiation, duration, and exclusivity in New Jersey. The plan will serve as a blueprint of concrete actions to be taken by state government, the healthcare sector, businesses, insurance, education, and the community to better promote and support breastfeeding and to create a statewide environment that normalizes breastfeeding.

Special note: the New Jersey Breastfeeding Strategic Plan recognizes that some individuals who feed human milk to their babies may not identify as mothers, female or women or may be adoptive parents.

This report endeavors to be inclusive of all forms of human milk feeding and uses gender neutral terms whenever possible. The terms “chest feeding,” breastfeeding,” “nursing,” and “breast milk feeding” are all used. When existing research, laws and policies are discussed, this report uses the terms contained in the original document.

THE STATE OF BREASTFEEDING IN NEW JERSEY

BREASTFEEDING INITIATION

Rates of breastfeeding in New Jersey vary depending on measure and source of data.

Data from the New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS) show the percent of infants ever breastfed (including receiving pumped breast milk) in New Jersey reached 90.8% in 2018 and data available from the birth certificates show that 80.7% of infants received breast milk prior to discharge from the birth hospital for the same year.[3,4] (PRAMS results are higher because the data is collected 2-6 months after the birth and thus it includes breastfeeding initiation that occurred after hospital discharge.)

In 2019, New Jersey ranked last in the nation for formula supplementation of breastfed infants in the first 48 hours at 24.2% compared to the last national average of 19.4%.[5] Non-medically necessary supplementation of exclusively breastfeeding infants during the hospital stay decreases rates of exclusive breastfeeding at 1-2 months and increases the risk of weaning by 2 months.[6]

EXCLUSIVE BREASTFEEDING RATES

In 2019, only 55.4% of infants were breastfeeding at 6 months and only 33.8% were breastfeeding at 12 months, despite the recommendations of major health organizations that infants be exclusively breastfed for the first 6 months.[7]

Exclusive breastfeeding rates lag Healthy NJ 2020 goals (i.e., 45.0% at 3 months and 25.5% at 6 months) and national averages (i.e., 45.3% at 3 months and 24.9% at 6 months) with only 41.2% of infants exclusively breastfeeding at 3 months and only 23.5% of infants exclusively breastfed at 6 months in 2019.[8,9]

Exclusive breastfeeding varies widely across the state with only 26% of women exclusively breastfeeding during the birth hospitalization in Essex County while 55% of women exclusively breastfed in Hunterdon County in 2018.[10]

DISPARITIES IN BREASTFEEDING RATES

Race/Ethnicity

Data from the birth certificates show that Asian women have the highest rates of breastfeeding initiation and Black women have the lowest rates of breastfeeding initiation.[10]

White women report the highest rates of breastfeeding exclusivity during the birth hospitalization while Black and Hispanic women have the lowest rates.[10]

Socioeconomic Status

Disparities are present across levels of education with college-educated women having the highest rates of breastfeeding and those with a high school diploma having the lowest rates.

Breastfed rates for those with private insurance are higher than ever breastfed rates of Medicaid patients.[10]

Adverse Outcomes and Breastfeeding

Among babies born preterm (before 37 weeks gestation), slightly more than 62% receive breast milk during their birth hospitalization and only 13% percent are given breast milk exclusively. Trends in feeding have remained stable among preterm babies between 2014 and 2018.[10]

Babies born with low birth weight (less than 2500 grams) have lower rates of receiving breast milk with approximately 60% of low-birth-weight infants receiving breast milk and 13% receiving breast milk exclusively during the birth hospitalization.[10]

Social Determinants of Health/Implicit Bias

Living in an economically disadvantaged area, being Black or Hispanic, and having lower socioeconomic status, increases risks of chronic exposure to environmental hazards, and social stressors. These also reduce opportunities for social support and breastfeeding initiation and duration.

A growing body of research reveals that implicit bias in healthcare is also a factor in racial and ethnic disparities in health outcomes for people of color.[10] Recent research suggests implicit bias is also a factor in lactation support.[9]

Breastfeeding During Public Health Crises

The United States is currently facing a major public health crisis.

New Jersey has been one of the worst affected states by COVID-19 since confirming the first case on March 4, 2020. New Jersey has counted nearly 2,643,340 total cases to date and falls second to New York City in number of COVID associated deaths with 34,414 as of August 2022.[12]

There have been 225,656 total COVID-19 cases among pregnant women in the United States between January 22, 2020, and July 16, 2022.[13]

Pregnant women as a whole are also disproportionately impacted by the effects of COVID-19. These women are at a higher risk for severe infection with COVID-19 resulting in hospitalization. Not only are pregnant women at an increased risk for hospitalization, they are also at a greater risk for admission to the Intensive Care Unit (ICU) and requiring a ventilator. Despite this, research has found that risk of death was not associated, although the research was very limited.

Breastfeeding promotes passive immunity which helps to protect infants from infections before they build up their immune system on their own. While there is limited information available regarding breastfeeding and COVID-19, some literature has been published regarding the possibility of protection through breast milk. Preliminary data published by WHO found antibodies against COVID-19 in some breast milk samples from mothers who had tested positive for COVID-19.[10]

NEW JERSEY BREASTFEEDING AND LACTATION-RELATED LAWS, REGULATIONS AND STANDARDS

Federal and state legislative efforts to support breastfeeding have grown in the recent years. New Jersey has statutes, regulations, and licensing standards that require the accommodation of breastfeeding mothers in public spaces and the workplace. New Jersey law also requires insurers to cover lactation support, equipment, and human donor milk; and family leave policies. A summary of laws, regulations, and standards is provided below with a full description found on page 59-61 in the Breastfeeding Needs Assessment.[10]

- N.J. Stat. § 26:4B-4, -5 (1997) entitles a mother to breastfeed her baby in any location of a place of public accommodation, resort or amusement wherein the mother is otherwise permitted.
- N.J. Stat. § 26:2A-17 to -22 (2017) requires registration and accreditation of all human milk banks by the Department of Health.
- N.J. Stat. §§ 17:48-6qq, 17:48A-7nn, 17:48E-35.41, 17B:26-2.1kk, 17B:27-46.1qq, 7B:27A-7.24, 17B:27A-19.28, 26:2J-4.42, 52:14-17.29z, 52:14-17.46.6k requires health insurers to provide coverage for pasteurized donor human milk in certain circumstances.
- N.J. Stat. §10:5-12 , as amended by P.L.2017, c.263, which added "breastfeeding" as a protected class under the Law Against Discrimination.
- N.J. Stat § 54:32B-8.63 (2018) exempts breast pumps, breast-pump repair and replacement parts, breast-pump collection and storage supplies and certain breast-pump kits from sales tax.
- N.J. Stat. § 26:4C-2, -3, -7 (2019) require certain public facilities and offices to provide an on-site lactation room; Department of Health to provide information about lactation room availability; and Department of Education to provide information annually on lactation policies in New Jersey schools, colleges, and universities.
- N.J. Stat. § 30:4D-6, as amended by P.L.2019, c.317, which requires the State Medicaid Program to provide coverage for pasteurized human donor milk under certain circumstances without co-payment or cost sharing.
- N.J. Stat. §§ 17:48-6ss, 17:48A-7pp, 17:48E-35.43, 17B:26-2.1ll, 17B:27-46.1ss, 17B:27A-7.25, 17B:27A-19.29, 26:2J-4.44, 52:14-17.29cc, 52:14-17.46.6n, and 30:4D-6o (2020) requires health insurers and the State Medicaid Program to provide coverage without requiring any cost sharing, for comprehensive lactation support and counseling and consultation, and the costs for renting or purchasing electric or manual breastfeeding equipment.
- New Jersey Hospital Licensing Standards (Breastfeeding) N.J.A.C. 8:43G-5.5, 8:43G-12.2, 8:43G-12.4, 8:4G-19.1 through 8:43G-36.3Manual of Requirements for Child Care Centers: N.J.A.C. 3A:52-6.3
- Grow NJ Kids Quality Standards: Grow NJ Kids Early Care and Education Programs Self-Assessment Tool.[10]
- Universal Newborn Home Nurse Visitation law, N.J. Stat. § 26:2H-158 to 26:2H-162, P.L. 2021 c.187, establishes a statewide newborn home nurse visitation program.

Summary of Key Findings and Recommendations

SOCIAL, CULTURAL, FAMILIES, AND COMMUNITIES

Fathers

- Fathers and partners play an essential role in breastfeeding. Families need accessible and culturally competent resources especially tailored to fathers and partners that provide practical knowledge and support skills. Fathers and partners also need peer to peer support through fatherhood and other parenting groups in community settings. Breastfeeding education for fathers can also be included in community programs.
- Healthcare providers must recognize the vital role of fathers and partners by meaningfully engaging them during healthcare visits.[10]

Grandmothers

- Grandmothers' support of breastfeeding is associated with higher breastfeeding initiation and exclusivity.
- Grandparents need more education that normalizes breastfeeding and practical information that dispels lactation myths. Opportunities for embedded education include childbirth classes, grandparent-only classes, faith-based activities, health centers, social clubs, and nutrition programs such as SNAP-Ed.[10]

Communities

- Community support of breastfeeding is important to combat parents' feelings of isolation and discomfort about nursing due to the sexualization of breasts and the stigmas surrounding breastfeeding. It is also crucial to address widespread formula marketing and its portrayal as the primary way to feed a baby. Better public awareness about the positive impacts of breastfeeding can help improve community lactation support. WIC is an invaluable source of breastfeeding education and support in communities; its reach must be expanded. Improve perinatal quality and reduce cesarean sections to promote childbirth safety and support breastfeeding.[10]
- Peer to peer support groups also play a crucial supporting role. More such groups are needed, especially groups that provide culturally competent support in languages other than English and ones that address the special needs of parents of color.
- As an example, home visitation programs support breastfeeding duration, such as the Maternal, Infant & Early Childhood Visitation (MIECH) Program. The passing of the Universal Home Visiting Law in NJ in 2021 will allow more families to benefit from home visitation by qualified nurses.[10]

Schools

- Schools play a key role in community life, culture, social norms, and attitudes. Lactation education should be included in the New Jersey Student Learning Standards to provide basic education to elementary and high school students. Lactation education should also be embedded in the curriculum of Project TEACH, an alternative, year-round education program for at risk pregnant or parenting teens.
- Lactating students should be accommodated in school-based programs. State Department of Education and local school district should adopt policies on school-based accommodations to provide guidance and establish programs.[10]

HEALTHCARE

Maternity Practices

- Only 12 of New Jersey's 48 birth hospitals have been recognized by the Baby Friendly Hospital Initiative (BFHI). More technical assistance programs and funding are needed to assist hospitals and birth facilities to obtain the BFHI designation.[14]
- Focus group participants reported shortcomings in hospital-based lactation care and lacked awareness of the care hospitals are required to provide.[10]
- A Breastfeeding Bill of Rights that outlines care required by the New Jersey Hospital Licensing Standards and given to each birthing patient would help raise awareness of and compliance with the regulations.
- Recommendations to monitor complaints of hospitals not following the New Jersey Hospital Licensing Standards are needed to track themes to be addressed through education and public awareness initiatives.
- Additional lactation training for physicians, midwives and nurses would improve competencies and foster consistent messaging on breastfeeding and lactation in hospital and outpatient settings.
- Breastfeeding support practices in the Neonatal Intensive Care Units (NICUs) should be evaluated and additional data on NICU breastfeeding support should be collected.
- Nearly a quarter of the 111 perinatal nurses surveyed reported that their hospitals provided literature, materials, samples, coupons, or gifts from formula companies. This practice demonstrates that hospitals need to improve practices to align with the New Jersey Hospital Licensing Standards which require hospitals to adopt a policy on the distribution of printed materials about infant feeding that are developed using evidence-based source materials free of commercial interest. This also violates the spirit of N.J.A.C. 8:43G-19.2(a) 18i which requires adoption of a hospital policy that addresses the distribution of gifts and promotional materials and impact of their distribution on exclusive breastfeeding.
- Stakeholders should continue efforts to acquire financial aid as needed. Recently passed legislation requiring private insurance and Medicaid coverage for IBCLCs and trained lactation counselors has the potential to help address some IBCLC certification barriers.[10]

Perinatal Education, Continuity of Care and Healthcare Provider Training

Patient Education

- Focus group participants reported receiving little breastfeeding education from their physicians during prenatal care. They also reported deficiencies in the practical information shared in prenatal education such as information on how to recognize a letdown of milk or how to troubleshoot latching problems.[10]
- Focus group participants indicated that postpartum depression presents a significant barrier to establishing and continuing breastfeeding. Participants cited IBCLCs and WIC breastfeeding peer counselors as the most helpful factors in their breastfeeding success.[10]

Continuity of Care

- Focus group participants reported receiving little breastfeeding education from their pediatricians at well baby visits. Others stated they received out of date information and that the physicians' offices did not seem breastfeeding friendly.
- Some participants, especially Hispanic women, stated that their physician did not refer them to WIC for breastfeeding support, but rather, they learned of WIC through "word of mouth."
- Physicians reported the most familiarity with hospital-based lactation support groups, International Board- Certified Lactation Consultants (IBCLCs) and La Leche League as lactation support resources. Collectively, physicians were least familiar with Breastfeeding USA and Zip Milk, the statewide database of lactation support maintained by the New Jersey Breastfeeding Coalition.[10]

Healthcare Provider Training and Office Lactation Support

- Physicians across all specialties reported "personal and/or family breastfeeding experience" as the most common type of lactation training, they had received.
- Fewer than half of the 186 physician survey respondents from any specialty stated they received lactation training during their residency and fewer than 33% reported receiving any lactation education in medical school. In contrast, most midwives (83% of the 24 surveyed) reported obtaining lactation education in their clinical rotation.
- Physicians reported a need for more lactation training, better insurance reimbursement, and more training to provide to better lactation care to patients.[10]

Access to Services of IBCLCs, Breastfeeding Counselors and Breastfeeding Medicine Physicians

- International Board-Certified Lactation Consultants (IBCLCs), breastfeeding educators, Certified Lactation Counselors (CLCs), doulas and breastfeeding peer counselors play an essential role in lactation care, support, and education. Breastfeeding medicine physicians, who are doctors with specialized lactation training who are members of the Academy of Breastfeeding Medicine, also play an important role.
- IBCLCs are certified in the clinical management of breastfeeding and lactation. Breastfeeding peer counselors and CLCs and other trained breastfeeding supporters provide non-clinical care, education, and support to breastfeeding families.[10]

- More IBCLCs, trained lactation counselors and other breastfeeding support providers are essential to provide adequate clinical care, education, and support services to breastfeeding families in the state. Additional training and clinical opportunities that are eligible for financial aid are needed. Recently passed legislation requiring private insurance and Medicaid coverage for IBCLCs and trained lactation counselors has the potential to help address some IBCLC.

- Skilled lactation support should be included within the primary care team at physician offices, federally qualified health centers and other medical settings.

- With the exception of WIC breastfeeding peer counselors, there is currently a lack of racial and ethnic diversity among IBCLCs and other trained lactation care providers in New Jersey. More training, clinical and certification opportunities are needed not only for traditional candidates, but also for non-traditional candidates who are racially and ethnically diverse and who do not necessarily have a healthcare background.[10]

- Licensure of IBCLCs would provide consumer protection, to foster the integration of lactation care providers within primary medical care teams and to provide a path to employment that will encourage more candidates to pursue lactation education and counseling positions.

Availability of Donor Milk

- Despite recently enacted legislation requiring private insurance and Medicaid coverage for pasteurized donor human milk from milk banks under certain circumstances, not every New Jersey delivery hospital has donor milk available for sick and fragile babies.

- The legislation requires the donor milk to be obtained from milk banks that meet quality guidelines established by the Department of Health.

- Hospital and outpatient providers need more information on how to help patients obtain donor milk and what is needed to file insurance and Medicaid claims for coverage.[10]

EMPLOYMENT AND CHILD CARE

Breastfeeding Workplace Accommodations

- Employer support and lactation accommodations are crucial to families to continue breastfeeding or breast milk feeding after the resumption of work outside the home.

- Employed parents experience barriers to breastfeeding including inadequate break time, lack of suitable accommodations, work stress and judgment/ criticism from coworkers.

- The New Jersey Law Against Discrimination (LAD) provides strong protections against breastfeeding-related discrimination or harassment and requires all employers to provide reasonable break time and a suitable place to pump in close proximity to the employee's work area without a limit on the child's age. However, public awareness initiatives are needed because many employers are unaware of the law. Employees are also not fully aware of their workplace rights.[10]

Paid Family Leave and Temporary Disability Insurance

- Parental access to paid family leave after the birth of a baby improves breastfeeding initiation and duration. Paid family leave access also reduces infant mortality rates, improves health outcomes for children, improves maternal physical and mental health and can increase paternal involvement in childcare.[15]

- New Jersey has a strong paid family leave program allowing employees to obtain wage benefits and up to 12 weeks of time off to bond with a newborn or newly adopted infant.[16]

- Mothers report that they were not fully aware of paid family leave and their eligibility for it. Focus group participants reported they were not informed by their employers about paid family leave and temporary disability insurance programs. Improved public awareness efforts are needed.

Workplace Programs with Infant Access

- Infant-to-work programs, onsite childcare access and telecommuting can help increase breastfeeding rates.[17]

- Increases in these programs will create more breastfeeding friendly workplaces and a more family friendly culture.

Childcare

- Early Care and Education (ECE) providers, including childcare centers, Head Start providers, pre-kindergarten and in-home childcare can provide crucial support for breastfeeding parents who work outside the home. ECE lactation supports are associate with longer breastfeeding durations.[18]

- Focus group participants reported that their babies' childcare providers were often not comfortable with or lacked information on storage and handling breast milk.

- All ECE providers need to adopt policies and practices to accommodate breastfeeding families. Current state regulations on childcare do not require providers to have policies or to provide accommodations beyond the mutual development of a feeding plan between the parent and the facility. Consideration should be given to developing standard policies that require lactation accommodations and training of childcare staff in breastfeeding friendly practices.[10]

RESEARCH AND SURVEILLANCE

- More federal funding is needed to undertake research on breastfeeding and lactation.
- Additional state-specific data is necessary to address lactation support and promotion issues raised in this Strategic Plan.
- The Department of Health should consider regularly publishing data on breastfeeding initiation, duration, exclusivity, laws, regulations, policies and other breastfeeding related indicators and information.

PUBLIC HEALTH INFRASTRUCTURE, POLICY, AND LEGISLATION

While the Department of Health has an effective data information system and a proficient surveillance staff, more can be done to:

- Create equity-informed, evidence-based policies on breastfeeding.
- Coordinate among state agencies on lactation policies or initiatives.
- Enhance the infrastructure to maintain collaborative public-private partnerships that assist with breastfeeding and other initiatives.
- Promote WIC as a key source of lactation expertise.

Breastfeeding promotion is an element within the Nurture NJ initiative to improve maternity practices and reduce disparities in infant and maternal health. New Jersey has several progressive measures that support breastfeeding, such as the public breastfeeding law, the Law Against Discrimination, Family Leave Insurance, and the Hospital Licensing Standards. Promoting awareness and monitoring of compliance with these laws would be more effective.[10]

Other areas that require policy or legislative action include integration of breastfeeding practices into emergency preparedness planning, lactation accommodations for students and accommodations for staff, visitors and individuals incarcerated at state correctional institutions.

EMERGENCY PREPAREDNESS AND PUBLIC HEALTH CRISES

- Even in pandemics, disasters, and emergencies, breastfeeding still remains the biological norm and the unparalleled way to feed human infants.
- The protection against disease that breast milk provides, its importance to strengthening infant immune response, and its ability to be fed independent of clean water, sterile feeding vessels and electricity make it a critical human resource during public health emergencies.[10]

- Breastfeeding also enhances family food security by avoiding diversion of financial resources to infant food, which is especially important in emergencies when income is limited or access to food supplies is jeopardized.
- It is difficult to translate limited research, often with small sample sizes, to global health and clinical practice guidelines, and thus infant feeding recommendations must be made by weighing the risks and costs of alternatives against the well-known benefits of breast milk.
- Throughout the COVID-19 pandemic, the World Health Organization (WHO) has indicated that breastfeeding should be initiated and should continue, even among mothers confirmed to have COVID-19. Protecting breastfeeding during public health emergencies is particularly important during the COVID-19 pandemic.
- Increasing evidence reveals that COVID-19 is disproportionately affecting Black and Hispanic communities. The United States Breastfeeding Committee notes particular concerns about the potential of COVID-19 for deepening of structural inequities in infant and young child feeding support services and quality perinatal care among Black, Indigenous and People of color communities.
- Supporting breastfeeding is particularly important as New Jersey continues to address a Black maternal mortality crisis and significant racial disparities in infant mortality which breastfeeding, and breast milk can help to alleviate.
- NJDOH has worked diligently to contain the spread of COVID-19 by promoting safety protocols across hospitals and among the obstetrics population, but more can be done to close the differential implementation.
- There is difficulty in providing services to support breastfeeding during times of social distancing and diminished availability of in-person services.[10]

CONCLUSION

All leading health authorities agree that breastfeeding is the optimal form of infant feeding which confers lifelong health benefits to infants, children, and mothers. Breastfeeding also positively impacts healthcare costs, the economy, and the environment. Thus, increasing breastfeeding is a public health imperative and everyone has a role to play in its support.

Reducing racial and ethnic disparities in breastfeeding and building a stronger public health infrastructure is imperative in contributing to equitable health outcomes. Collaborative and coordinated efforts across all sectors including government, business, healthcare, insurance, education, and community organizations, are essential to supporting breastfeeding and breast milk feeding to ensure the optimal public health outcomes.

Utilizing the comprehensive framework of the US Surgeon General's Call to Action to Support Breastfeeding,[19] this Strategic Plan provides a blueprint to initiate actions to address its findings about existing lactation support and needed action steps. New Jersey is a state rich in expertise that can be deployed to address this public health imperative. This Strategic Plan provides a vital starting point for mobilization of these resources to help all families meet their infant feeding goals and to improve public health.[10]

Strategic Issue Area: Parent, Families, and Communities

	Goal		Strategy		Objectives
1	Provide all families the support they need to breastfeed their babies.	1.1	Eliminate systemic barriers in lactation support to provide all families the support they need in a statewide environment where breastfeeding is normalized and racial and ethnic disparities in lactation are eliminated.	1.1.1	By 2022, allocate funding within NJDOH for at least 1 FTE to provide oversight for the Breastfeeding Strategic Plan.
				1.1.2	By 2022, increase the number of lactation support staff in WIC Services to 2.
				1.1.3	By 2024, increase the number of media placements of breastfeeding awareness by 50%.
				1.1.4	By 2023, implement the New Jersey Department of Health (NJDOH) authorized lactation signage "Breastfeeding is Welcome Here" in state and local government buildings, businesses, houses of worship and other locations that attract families.
		1.2	Increase support for community organizations that provide lactation education and peer-to-peer support.	1.2.1	By 2023, increase the number of fatherhood/ extended family programs providing lactation education by 50%.
				1.2.2	By 2023, pilot breastfeeding education content in 2 Project TEACH sites in the state.
				1.2.3	By 2023, embed breastfeeding education in 1 SNAP-Ed education module targeted to men and 1 for senior citizens.
				1.2.4	By 2025, include lactation education content in the K-12 New Jersey Student Learning Standards for Comprehensive Health and Physical Education.
		1.3	Increase support for community organizations that provide lactation education and peer-to-peer support.	1.3.1	By 2024, increase the number of community programs using culturally and linguistically appropriate lactation materials by 100%.
				1.3.2	By 2023, increase the allocation of maternal child health programming for lactation initiatives by 50%.
				1.3.3	By 2024, increase the number of community organizations offering culturally competent breastfeeding peer-to-peer support groups and childbirth education by 50%.
				1.3.4	By 2022, expand the role of the statewide WIC Breastfeeding Coordinator to include increased outreach to state healthcare provider organizations, nutrition programs and other maternal child health partners.
		1.4	Increase compliance with the World Health Organization's International Code of Marketing of Breastmilk Substitutes.	1.4.1	By 2024, 100% of birthing facilities will reduce the distribution of commercial infant materials and formula gift and discharge packs in New Jersey.

Strategic Issue Area: Healthcare					
	Goal		**Strategy**		**Objectives**
2	Ensure that maternity practices are fully supportive of breastfeeding and lactation and are free of bias	**2.1**	Increase support of breastfeeding and breast milk feeding that is free of cultural bias in maternity care practices	**2.1.1**	By 2024, identify a minimum of one federal funding source to provide technical assistance efforts to New Jersey delivery hospitals and birth facilities to help them earn the Baby Friendly Hospital Initiative designation.
				2.1.2	By 2024, an increased number of birthing facilities will be collaborating amongst each other to share breastfeeding support best practices.
				2.1.3	By 2024, the majority of birthing facilities will be in full compliance with the New Jersey Hospital Licensing Standards for Obstetrics.
				2.1.4	By 2024, the majority of healthcare providers seeking licensure renewal will complete implicit bias and cultural humility training for providers who provide perinatal care and treatment to pregnant individuals at hospitals or birth facilities.
				2.1.5	By 2023, develop a Breastfeeding Bill of Rights in collaboration with Stakeholders that details breastfeeding support to be provided in maternity hospitals and birthing facilities.
		2.2	Develop systems to guarantee continuity of skilled support for lactation among hospitals, healthcare settings, WIC, home visitation programs and community-based breastfeeding support organizations	**2.2.1**	By 2024, increase the percentage of pediatricians, obstetricians, and family practice physicians that are aware of home visitation services.
				2.2.2	By 2024, increase the number of providers available in the Zip Milk database by 10%.
				2.2.3	By 2024, increase the number of individuals accessing the Zip Milk database by 30%.
				2.2.4	By 2023, more pediatricians, obstetricians, and family practice physicians will be familiar with WIC breastfeeding resources.
		2.3	Provide education and training in breastfeeding and lactation that promotes consistent messages on basic breastfeeding and lactation management and support to all healthcare professionals who care for pregnant and postpartum patients, infants, and children	**2.3.1**	By 2025, more medical residency programs in New Jersey will have a mandatory lactation rotation included in the newborn nursery rotation for all training programs that have a newborn component.

	Goal		Strategy		Objectives
		2.4	Include basic support for breastfeeding as a standard of care for midwives obstetricians, family, physicians, nurse practitioners and pediatricians	**2.4.1**	By 2024, more healthcare providers (midwives, physicians across all specialties, nurse practitioners and physician assistants) seeking licensure renewal will complete lactation continuing education as part of their New Jersey licensing and hospital credentialing.
				2.4.2	By 2024, increase the number of outpatient healthcare settings providing lactation support.
		2.5	Ensure access to services provided by diverse international board-certified lactation consultants (IBCLCs), lactation counselors and breastfeeding medicine physicians.	**2.5.1**	By 2024, develop a needs assessment for a licensing system for International Board-Certified Lactation Consultants (IBCLCs) in New Jersey.
				2.5.2	By 2024, create a credentialing system for IBCLCs and lactation counselors to enable insurance and Medicaid coverage for their services under P.L. 2019, c. 343.
				2.5.3	By 2025, establish two new lactation consultant and counselor training programs in conjunction with state community colleges or universities.
		2.6	Identify and address obstacles to greater availability of pasteurized human donor milk for infants who need it, especially fragile infants.	**2.6.1**	By 2023, adopt regulations necessary to accredit human milk banks to implement P.L.2017, c. 247.
				2.6.2	By 2023, create a toolkit that includes model policies and information for inpatient and outpatient healthcare providers on insurance/Medicaid coverage, documentation, and other components necessary to increase utilization of donor human milk.

Strategic Issue Area: Employment / Childcare					
	Goal		**Strategy**		**Objectives**
3	Employment/ Childcare	**3.1**	Maximize awareness and enforcement of protections and accommodations for breastfeeding employees in New Jersey's Law Against Discrimination and awareness and utilization of New Jersey's paid family leave programs.	**3.1.1**	Maximize awareness and enforcement of protections and accommodations for breastfeeding employees in NJ's Law Against Discrimination and awareness and utilization of New Jersey's paid family and medical leave programs.
				3.1.2	By 2024, increase employer awareness of breastfeeding anti- discrimination and accommodations provisions of the New Jersey Law Against
				3.1.3	By 2024, increase employee awareness of breastfeeding anti- discrimination and accommodations provisions of the NJ Law Against Discrimination.
				3.1.4	By 2023, identify NJ State Agency staff who will promote breastfeeding accommodations and lactation in the workplace and paid leave.
		3.2	Encourage and expand workplace programs that allow parents to bring their baby to work and permit lactating parents to have direct access to their babies. Ensure that all licensed and registered childcare providers serving infants and toddlers accommodate the needs of breastfeeding and lactating parents in NJ by 2025.	**3.2.1**	By 2024, identify and disseminate a model policy related to supporting employers that establish, subsidize and support infant-to-work programs, on-site infant and childcare centers and family care providers and telecommuting.
				3.3.1	By 2024, the NJ Department of Health will provide a minimum of 1 technical assistance training on breastfeeding/lactation policies and competencies.
		3.3	Ensure that all licensed and registered childcare providers serving infants and toddlers accommodate the needs of breastfeeding and lactating parents in NJ by 2025.	**3.3.2**	By 2024, a model breastfeeding policy will be created for accommodating breastfeeding families in licensed and registered childcare facilities.
				3.3.3	By 2025, the NJ Department of Children and Families will adopt a regulation requiring licensed childcare centers to adopt a breastfeeding policy and lactation support competencies with required staff orientation and annual training on the policy and competencies.

Strategic Issue Area: Research/Surveillance

	Goal		Strategy		Objectives
4	Strengthen existing capacity and develop future capacity for conducting research and surveillance on breastfeeding and lactation.	4.1	Increase funding of high-quality research on breastfeeding and lactation	4.1.1	By 2024, the state will submit 2 federal and private funding applications for breastfeeding/lactation initiatives.
		4.2	Increase capacity for conducting breastfeeding and lactation research in New Jersey.	4.2.1	By 2024, organize a minimum of 2 research collaborative meetings which bring together university researchers, community organizations, and state agencies.
				4.2.2	By 2023, increase educational offerings related to conducting research in the community.
				4.2.3	By 2025, allocate funding for one community-based participatory research project related to breastfeeding and lactation.
		4.3	Increase availability of breastfeeding related data statewide.	4.3.1	By 2024, NJ breastfeeding data collected will be disseminated.
				4.3.2	By 2023, explore additional sources of breastfeeding data to be collected, including but not limited to breastfeeding friendly practices, breastfeeding duration, NICU breast milk use.

Strategic Issue Area: Public Health Infrastructure/Policy/Legislation					
	Goal		**Strategy**		**Objectives**
5	Increase state infrastructure and policy- making in support of lactation.	**5.1**	Improve state public health infrastructure to coordinate policy on the promotion and support of breastfeeding and breast milk feeding.	**5.1.1**	By 2023, ensure that breastfeeding is represented within the Maternity Care Quality Collaborative.
				5.1.2	By 2023, ensure that breastfeeding is represented within the Nurture NJ Maternal and Infant Strategic Plan team.
		5.2	Improve county and local leadership on the promotion and support of lactation.	**5.2.1**	By 2024, increase the number of county and local breastfeeding coalitions by 100%.
		5.3	Increase interagency lactation support through additional policymaking initiatives.	**5.3.1**	By 2025, develop materials to educate staff, visitors and incarcerated individuals at the state correctional facilities about breastfeeding policies developed by the DOC.
			Increase interagency lactation support through additional policymaking initiatives.	**5.3.2**	By 2025, disseminate guidance from the Department of Education, in consultation with the Department of Health and Division on Civil Rights, regarding accommodation for lactating students in New Jersey public schools.

Strategic Issue Area: Emergency Preparedness and Public Health Crisis					
	Goal		**Strategy**		**Objectives**
6	Improve and institutionalize emergency preparedness measures for pregnant and breastfeeding/ breast milk feeding individuals that ensure access to breastfeeding supports and services during public health crises and emergencies.	**6.1**	Develop cross sector systems including hospitals, HCPs, and community organizations that ensure accessibility and continuity of skilled lactation support for breastfeeding initiation during birth hospitalization, upon discharge, and during the first twelve months of infant life specifically developed to reduce disruption of services due to public health crises and to eliminate structural inequities that affect Black, Indigenous and People of Color (BIPOC) communities.	**6.1.1**	By 2023, convene an interdisciplinary committee of providers throughout the state including obstetricians, pediatricians, midwives, doulas, nurses, and lactation consultants to develop a public health crisis toolkit to be distributed to postpartum patients that would include a web application with resources, emergency contacts, virtual and in-person supports, and evidence-based information.
				6.1.2	By 2024, increase the amount of information given to new mothers on availability of online/telehealth breastfeeding support services including community outpatient resources, WIC breastfeeding support and ZipMilk.org.
				6.1.3	By 2024, increase the number of maternity patients who are discharged within 24 hours of delivery that receive follow-up lactation support from hospital lactation staff within 48 hours of hospital discharge.
				6.1.4	By 2025, the majority of birthing hospitals will have available pasteurized donor milk for all breastfeeding patients as needed, including those who are isolated and/or separated from their infants due to infection or other cause.
		6.2	Convene an interdisciplinary team of academic and clinical researchers, public health professionals, lactation consultants and community-based organizations to compile all relevant New Jersey breastfeeding data and conduct cross-sector research related to breastfeeding during a public health crisis.	**6.2.1**	By 2024, the State will seek funding opportunities and collaborations to establish and support an interdisciplinary team to focus on breastfeeding research agendas.
				6.2.2	By 2024, establish a representative statewide committee of stakeholders who will collaborate to explore studies related to breastfeeding during a pandemic.
				6.2.3	By 2025, establish a research agenda and initiate the implementation of research studies.

	Goal		Strategy		Objectives
		6.3	Implement a statewide interdisciplinary team of obstetricians, pediatricians, infectious disease physicians, family practice physicians, midwives, international board-certified lactation consultants, advanced practice nurses, nurses, and pharmacists to determine best practices based on current research on breastfeeding during a public health crisis and ensure comprehensive protocols are in place to address additional waves or overlapping infections (influenza season).	**6.3.1**	By 2023, a state-wide interdisciplinary team of healthcare providers will be established to develop breastfeeding best practices during a pandemic or other health crisis.
				6.3.2	By 2024, policies and protocols will be recommended by an interdisciplinary team using current research and recommendations from the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), American College of Obstetricians and Gynecologists (ACOG), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the American Academy of Pediatrics (AAP) and disseminated by the NJ DOH to all healthcare systems and the New Jersey Hospital Association.
				6.3.3	By 2024, more pediatric, obstetric, and family practice healthcare providers and nurses within the state who are employed in hospitals and out-patient centers will receive education about current breastfeeding best practices and have policies and protocols in place.
				6.3.4	By 2024, all health providers in obstetrics, emergency departments, and pediatric offices will be educated on emergency and pandemic protocols for breastfeeding.
		6.4	Develop an equitable and safe distribution plan for immunization of pregnant women and neonates using research evidence-based prevention and intervention protocols.	**6.4.1**	By 2023, promote best practices related to COVID 19 vaccines and safety during pregnancy and lactation.
				6.4.2	By 2024, design community prevention programs and webinars to be shared with consumers.
7	Strengthen maternal and child health social services among communities with highest risk of poor health outcomes associated with public health crises.	**7.1**	Bolster delivery of WIC services during public health crises and emergencies.	**7.1.1**	By 2022, develop a NJ WIC Services emergency/ disaster plan that ensures rapid and seamless transition of WIC services to emergency procedures and remote operation during public health crises and emergencies.
				7.1.2	By 2022, transition statewide delivery of WIC benefits from paper vouchers to Electronic Benefits Transfer (EBT) cards.
				7.1.3	By 2022, expand texting capabilities to all WIC local agencies for more efficient distribution of public information and administrative communications to participants.
				7.1.4	By 2022, ensure that WIC local agency facilities have installed physical safety redesign and social distancing features and have sufficient PPE to protect all WIC local agency employees, including breastfeeding staff, when in-person client contact is needed during public health and other emergencies.

	Goal		Strategy		Objectives
		7.2	Strengthen delivery of WIC breastfeeding support services during emergencies and public health crises.	**7.2.1**	By 2023, WIC breastfeeding staff recommended in New Jersey Breastfeeding Strategic Plan Objective 1.1.2 shall seek input from WIC local agency breastfeeding staff to develop strategies and resources for support of breastfeeding during emergencies and public health crises for NJ WIC Services emergency/disaster plan.
				7.2.2	By 2022, include WIC breastfeeding counseling and support groups in services that can be delivered remotely through texting, telephone, or videoconferencing service.
				7.2.3	By 2022, develop guidelines and procedures for the delivery of WIC in-person breastfeeding support services during public health crises and emergencies for inclusion in the NJ WIC Services emergency/disaster plan recommended in Objective 7.1.1 above.
8	Support, protect and promote breastfeeding as the biological norm and optimal way to feed infants during global health pandemics and public health crises.	**8.1**	Enhance breastfeeding public awareness campaigns to include the benefits of breastfeeding during public health crises.	**8.1.1**	By 2024, more breastfeeding public awareness materials will include evidence-based information related to breastfeeding and communicable disease (e.g., COVID-19). Ensure that professional education for healthcare providers includes evidence- based lactation training (see Strategy 2.3).
				8.1.2	By 2025, increase training of obstetrical, pediatric, and family practice residency programs on lactation during a Pandemic.
				8.1.3	By 2024, increase lactation training related to public health crisis of nursing and midwives during clinical rotations.
				8.1.4	By 2024, more home health, community workers and doulas employed by the maternal consortiums throughout the state will receive evidence-based training on communicable disease and on basic breastfeeding support and referrals to a skilled clinical lactation support.
		8.2	Maintain existing policies, practices, and legal requirements for breastfeeding support in employment, childcare, insurance, and government and integrate recommended national and global guidance on breastfeeding in public health crises and emergencies into breastfeeding support in these sectors.	**8.2.1**	Utilize up-to-date health guidance and pandemic- informed best practices to continue strategies and objectives recommended in the New Jersey Breastfeeding Plan including, but not limited to, raising awareness of workplace breastfeeding laws and paid family leave program, ensuring childcare is accommodating lactating families and coordination of policymaking that supports breastfeeding across state, county, and local government.

Appendix A: U.S. Surgeon General's Call to Action to Support Breastfeeding, 2011

Recommended Actions

MOTHERS AND FAMILIES

- Give mothers the support they need to breastfeed their babies.
- Develop programs to educate fathers and grandmothers about breastfeeding.

COMMUNITIES

- Strengthen programs that provide mother-to-mother support and peer counseling.
- Use community-based organizations to promote and support breastfeeding.
- Create a national campaign to promote breastfeeding.
- Educate that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.

HEALTH CARE

- Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding.
- Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.
- Provide education and training in breastfeeding for all health professionals who care for women and children.
- Include basic support for breastfeeding as standard care for midwives, obstetricians, family physicians, nurse practitioners and pediatricians.
- Ensure access to services provided by International Board-Certified Lactation Consultants.
- Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.

EMPLOYMENT

- Work toward establishing paid maternity leave for all employed mothers.
- Ensure that employers establish and maintain comprehensive high-quality lactation support programs for their employees.
- Expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies.
- Ensure that all childcare providers accommodate the needs of breastfeeding mothers and infants.

RESEARCH AND SURVEILLANCE

- Increase funding of high-quality research on breastfeeding.
- Strengthen existing capacity and develop future capacity for conducting research on breastfeeding.
- Develop a national monitoring system to improve tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding.

PUBLIC HEALTH INFRASTRUCTURE

Improve national leadership on the promotion and support of breastfeeding.

Appendix B: Alignment of NJ Breastfeeding Strategic Plan with the Surgeon General's Action Plan

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:[19]

ACTION 1- GIVE MOTHERS THE SUPPORT THEY NEED TO BREASTFEED THEIR BABIES.

ACTION 5- CREATE A NATIONAL CAMPAIGN TO PROMOTE BREASTFEEDING.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 1:1

ELIMINATE SYSTEMIC BARRIERS IN LACTATION SUPPORT TO PROVIDE ALL FAMILIES THE SUPPORT THEY NEED IN A STATEWIDE ENVIRONMENT WHERE BREASTFEEDING IS NORMALIZED AND RACIAL AND ETHNIC DISPARITIES IN LACTATION ARE ELIMINATED.

1. Adopt breastfeeding and lactation protection, promotion, and support as priority areas for policymaking and programmatic development within the State of New Jersey, led by the Department of Health (DOH) with a special focus on eliminating systemic, policy and environmental barriers to equitable access to effective, culturally sensitive lactation support.
2. Establish a position of Breastfeeding Coordinator who will be responsible for initiating and implementing statewide breastfeeding policy and facilitating coordination and communication on state breastfeeding initiatives among all relevant state government entities, including WIC, SNAP-Ed programs and other programs and serve as liaison to stakeholders and community-based organizations.
3. Integrate and embed breastfeeding policymaking within initiatives to improve public health, decrease infant mortality and improve lifelong maternal health outcomes, especially in vulnerable communities and communities of color.
4. Maintain and expand the collaborative public-private Stakeholder Committee developed during the New Jersey Breastfeeding Strategic Plan initiative as an advisory body to the Department of Health to protect, support, and promote breastfeeding and maternal, child and family health.
5. Establish and implement a culturally relevant, equity-informed, and evidence-based public awareness campaign, in collaboration with Stakeholders, partners and additional community and faith-based organizations, to make breastfeeding visible and to normalize it throughout the state and to publicize state breastfeeding and lactation support resources, including WIC, through social marketing using traditional and social media.
6. Increase health provider and community awareness of the Zip Milk statewide database of breastfeeding support.
7. Explore the possible creation of a free, statewide, centralized resource tool available online and via mobile application for New Jersey families that identifies preconception, prenatal, birth, breastfeeding and postpartum family support resources and programs, including those on legal rights of breastfeeding families, breastfeeding support in childcare and paid family leave. Ensure that the resource tool is accessible to families, programs, businesses, and all that provide assistance to families, including SNAP and SNAP-Ed, WIC, home visitation programs, community health workers, community doulas and central intake programs.
8. Establish breastfeeding-friendly spaces and "Breastfeeding is Welcome Here" programs in state and local government buildings, places of public accommodation, houses of worship, and all locations that attract families.

PARTNERS:

NJ Department of Health

NJ Department of Education

NJ Department of Human Services

NJ Council on Developmental Disabilities

Family Leave Advocacy Organizations

NJBSP Stakeholder Committee

Faith-Based Organizations

NJ Women, Infants, and Children (WIC)

Disability Resource Organizations

Maternal Child Health Consortia

NJ State Parent Advocacy Network Nurture

Home Visitation Programs (e.g., MIECH, NVP)

NJ Breastfeeding Coalition

Healthy Women Healthy Families

Business Organizations

Maternal Child Health Organizations

Health Organizations (e.g., Breast Cancer, Heart Health)

Family Success Centers Parents

Garden State Equality Childbirth Educator Organizations

NJ Association of County and City Health Officials (NJACCHO)

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 2- DEVELOP PROGRAMS TO EDUCATE FATHERS AND GRANDMOTHERS ABOUT BREASTFEEDING.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 1.2

INCREASE EDUCATION/PROGRAMMING TO EDUCATE FATHERS, GRANDMOTHERS, PARTNERS, TEENS, AND CHILDREN ABOUT BREASTFEEDING.

1. Collect data on existing New Jersey breastfeeding education programs and efforts that are targeted to fathers, grandmothers, partners, teens, and children. Conduct research including focus groups and surveys to obtain input on potential education initiatives for these groups.
2. Include culturally competent information on the central role of fathers in parenting and supporting breastfeeding and lactation within training programs for healthcare providers and hospital and medical office staff, with emphasis on including and engaging fathers in perinatal care visits, education, and infant feeding discussions.
3. Collaborate with diverse fatherhood groups and utilize information to establish peer-to-peer father support groups in languages spoken in the state.
4. Collaborate with diverse fatherhood groups and others to develop breastfeeding education materials targeted to fathers that provide practical guidance on breastfeeding support and realistic information about the breastfeeding experience that include positive imagery of fathers and their infants.
5. Include materials and strategies targeted to reach fathers, grandmothers, partners, teens, and children within the public awareness campaign.
6. Explore areas to embed breastfeeding information and education in diverse languages for fathers, partners and grandparents within healthcare services, childbirth education classes, public nutrition programs including SNAP, SNAP-Ed and WIC programs that serve men and senior citizens.
7. Include in the P-12 New Jersey Student Learning Standards for Comprehensive Health and Physical Education content on breastfeeding as an integral part of a woman's reproductive cycle and for other subjects including science.
8. Provide additional content on breastfeeding and lactation in curriculum, parenting classes and other supports provided by the Project TEACH program administered by the Department of Children and Families and other school- based teen parenting support programs in the state.

PARTNERS:

NJ Department of Health

NJ Department of Education

NJ Department of Children and Families

Community and Faith-Based Organizations

SNAP and SNAP-Ed

Fatherhood Support Organizations

American College of Nurse Midwives

NJ Academy of Nutrition and Dietetics

Childbirth Educator Groups

Maternal Child Health Consortia

Senior Citizen Organizations

NJ Education Association

NJ Association of School Administrators

NJ American Academy of Pediatrics (NJAAP)

American Academy of Obstetricians and Gynecologists— NJ (ACOG-NJ)

Academy of Family Physicians

NJ American College of Nurse Midwives

NJ Parents/Fathers

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 3- STRENGTHEN PROGRAMS THAT PROVIDE MOTHER-TO- MOTHER SUPPORT & PEER COUNSELING.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 1.3

INCREASE SUPPORT FOR COMMUNITY ORGANIZATIONS THAT PROVIDE LACTATION AND PEER-TO-PEER SUPPORT.

1. Facilitate and increase collaboration among the peer-to-peer breastfeeding support groups, WIC, home visitation programs, community organizations, community-based lactation counselors, International Board-Certified Lactation Consultants, and parenthood support organizations to sponsor joint initiatives and to share resources and best practices on lactation support.
2. Expand the role of the statewide WIC Breastfeeding Coordinator to include increased outreach and partnering on lactation support initiatives with state healthcare provider organizations, nutrition assistance programs and other partners working in maternal and child health.
3. Amplify the normalization of breastfeeding within communities by extending the role of WIC peer counselors to expanded community outreach through in-person and telehealth platforms, to serve as community breastfeeding ambassadors and champions and to provide multi-cultural, community-centered lactation support to hospitals, FQHCs, family success centers, local health departments and medical practices.
4. Increase collaboration between WIC and local public health officials, International Board-Certified Lactation Consultants, local lactation educators/counselors as well as community, faith-based groups, schools, SNAP and SNAP-Ed and other family nutrition and assistance programs and organizations to ensure cross-referrals to each other's services.
5. Expand eligibility for services during the early postpartum period from an evidence-based home visitation program to all families to provide assessment of and support with maternal and infant health, breastfeeding and postpartum health issues.
6. Ensure home visitation program staff have access to local lactation resources and referrals.
7. Identify and make available safe and accessible locations in the community for home visitation services in the event families prefer receiving such services outside the home.
8. Increase funding, resources, training, and insurance coverage for services provided by community health workers, Centering programs and community doulas during the prenatal, birth and postpartum periods.
9. Incorporate input from parent representatives in the above strategies, as appropriate.
10. Support the creation and expansion of peer-to-peer support groups and other organizations that address the special lactation and parenting support needs of vulnerable communities.

PARTNERS:

La Leche League of the Garden State, Inc.

NJ Department of Health Community

SNAP and SNAP-Ed

Home Visitation Programs

Chocolate Milk Café, Sistahs Who Breastfeed, Breastfeeding USA

Local Public Health Departments

Faith-based Organizations

NJ Association of County and City Health Officials (NJACCHO)

Maternal Child Health Consortia

Nurture NJ

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 6— ENSURE THAT MARKETING OF INFANT FORMULA IS CONDUCTED IN A WAY THAT MINIMIZES ITS NEGATIVE IMPACT ON EXCLUSIVE BREASTFEEDING.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 1.4:

INCREASE COMPLIANCE WITH THE WORLD HEALTH ORGANIZATION'S INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES.

1. Authorize that State Breastfeeding Coordinator (see Strategy 1.1) to work with the New Jersey Division of Consumer Affairs and partners to monitor infant formula marketing and to ensure that the marketing in compliance with the World Health Organization's International Code.
2. Reduce the distribution of commercial infant materials and formula gift and discharge packs in New Jersey hospitals.

PARTNERS:

NJ Department of Health

NJ Division of Consumer Affairs

NJ Breastfeeding Coalition

Breastfeeding Advocacy Organizations

Maternal Child Health Consortia

Business Organizations

NJ Hospital Association

Nurture NJ

Breastfeeding Advocacy Organizations

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 7- ENSURE THAT MATERNITY CARE PRACTICES ARE FULLY SUPPORTIVE OF BREASTFEEDING.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 2.1

INCREASE SUPPORT OF BREASTFEEDING AND BREAST MILK FEEDING THAT IS FREE OF CULTURAL BIAS IN MATERNITY CARE PRACTICES.

1. Encourage all New Jersey hospitals with obstetrical units and birth facilities to obtain the Baby Friendly Hospital Initiative (BFHI) designation.
2. Explore possible funding for New Jersey maternity hospitals and birth facilities for technical assistance efforts to help them earn the BFHI designation and encourage collaboration among hospitals to share breastfeeding support practices.
3. Develop a Breastfeeding/Lactation Bill of Rights detailing required breastfeeding support to be provided in maternity hospitals and birth facilities and by healthcare providers to pregnant patients at their hospital pre- admission and prenatal contacts and to be displayed in all patient labor, delivery and postpartum rooms in New Jersey maternity hospitals and birth facilities.
4. Assist all New Jersey maternity hospitals and birth facilities to be in full compliance with the New Jersey Hospital Licensing Standards regarding Obstetrics.
5. Ensure collection of additional standardized data from hospitals on their use of practices that support breastfeeding, in alignment with the Baby Friendly Hospital Initiative Ten Steps to Successful Breastfeeding, including placing infants' skin to skin after delivery, rooming-in, breastfeeding exclusivity and others.
6. All New Jersey maternity hospitals and birth facilities will institute an evidence-based implicit bias training program for all healthcare providers who provide perinatal care and treatment to pregnant individuals at the hospital or birth facility.
7. Promote increased use of midwife-led continuity of care models to help reduce unnecessary cesarean sections, premature births, and low birthweight infants and to thereby improve breastfeeding outcomes.
8. Study and evaluate the need for and develop protocols for physicians, midwives, and other licensed healthcare professionals to provide depression screening during prenatal care for all pregnant individuals.
9. Evaluate current lactation practices in neonatal intensive care units (NICUs) at New Jersey delivery hospitals and institute, in consultation with the NJ Department of Health, standardized breastfeeding/lactation data collection from all NICUs in New Jersey delivery facilities and hospitals.

PARTNERS:

NJ Department of Health

NJ Hospital Association

American College of Nurse Midwives

NJ Breastfeeding Coalition

Maternal Child Health Consortia

NJ Primary Care Association

National Association of Nurse Practitioners

NJ Academy of Family

Physicians American Academy of Pediatrics

American College of Obstetricians and Gynecologists, NJ Chapter

NJ Implicit Bias Experts

Professionals Who Treat Perinatal Mood Disorders

NJ Parents

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 8— DEVELOP SYSTEMS TO GUARANTEE CONTINUITY OF SKILLED SUPPORT FOR LACTATION BETWEEN HOSPITALS AND HEALTHCARE SETTINGS IN THE COMMUNITY.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 2.2

DEVELOP SYSTEMS TO GUARANTEE CONTINUITY OF SKILLED SUPPORT FOR LACTATION AMONG HOSPITALS, HEALTHCARE SETTINGS, WIC, HOME VISITATION PROGRAMS AND COMMUNITY-BASED BREASTFEEDING SUPPORT ORGANIZATIONS.

1. Create a task force to recommend innovative mechanisms to improve continuity of care from hospitals and birth centers to outpatient settings such as pediatric, midwifery and obstetrical practices, federally qualified health centers, WIC, and home visitation programs to improve postpartum breastfeeding, infant and maternal outcomes.
2. Encourage the creation of lactation consultant and lactation counselor staff positions in pediatric, obstetrical, family practice and midwifery practices, federally qualified health centers and other healthcare settings that serve prenatal and postpartum parents and families.
3. Partner with the New Jersey Breastfeeding Coalition and community partners to expand and promote the Zip Milk statewide database of breastfeeding support and enlarge outreach to physicians, midwives, hospitals, home visitation programs, central intake, doulas, local public health officers and others who have contact with and provide healthcare and support services to pregnant and postpartum individuals.
4. Include on all maternity hospital and birth center interdisciplinary breastfeeding committees/teams required by N.J.A.C. 8:43G-19.9 a representation of lactation staff from the local WIC agencies and community breastfeeding support groups in addition to a patient representative.
5. Explore the use of hospital policies and systems that will promote the creation of hospital discharge plans that combine patient discharge plans, follow-up healthcare appointments, breastfeeding care plans and community breastfeeding resources referrals in one accessible place.
6. Ensure that hospital staff training required by N.J.A.C. 8:43g-19.3 and hospital discharge policies and planning required by N.J.A.C. 8:43G-19 (a)18 and N.J.A.C. 8:43G-19.14(c) include information on referring new parents to social service organizations as needed and community-based breastfeeding resources including lactation consultants and counselors, WIC, home visitation programs, community breastfeeding support groups.
7. Increase capacity of local WIC local agencies to connect WIC participants with social service and community referrals including Central Intake, Healthy Women Healthy Families, Nurse Family Partnership, Parents as Teachers, Healthy Families and Healthy Start
8. Strengthen knowledge of home visitation program staff on breastfeeding support and the availability of community breastfeeding resource referrals including WIC, Zip Milk, hospital-based and local breastfeeding support groups, and evidence-based breastfeeding websites.
9. Include support of breastfeeding and lactation within state disaster preparedness efforts.

PARTNERS:

New Jersey Hospital Association

American Academy of Pediatrics

NJ American College of Obstetricians and Gynecologists

NJ Academy of Family Physicians

American College of Nurse Midwives

NJ Association of County and City Health Officials

Home Visitation Programs (e.g., Parents as Teachers and Others)

National Association of Nurse Practitioners

NJ Women, Infants, and Children (WIC)

Head Start and Early Head Start, NJ Department of Health

NJ Department of Human Services

NJ Department of Education

Federally Qualified Health Centers

NJ Breastfeeding Coalition

NJ Primary Care Association

Healthy Women Health Families

Nurse Family Partnership

Healthy Families Healthy Start

Maternal Child Health Consortia

NJ Office of Emergency Management

NJ Parents

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 9— PROVIDE EDUCATION AND TRAINING IN BREASTFEEDING FOR ALL HEALTH PROFESSIONALS WHO CARE FOR WOMEN AND CHILDREN.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 2.3

PROVIDE EDUCATION AND TRAINING IN BREASTFEEDING AND LACTATION THAT PROMOTES CONSISTENT MESSAGES ON BASIC BREASTFEEDING AND LACTATION MANAGEMENT AND SUPPORT TO ALL HEALTHCARE PROFESSIONALS WHO CARE FOR PREGNANT AND POSTPARTUM PATIENTS, INFANTS AND CHILDREN, INCLUDING ALL PHYSICIANS, MIDWIVES, NURSE PRACTITIONERS, LACTATION CONSULTANTS AND COUNSELORS, NURSES, DOULAS, CHILDBIRTH EDUCATORS AND MEDICAL OFFICE STAFF.

1. Create a coordinating group of representatives of healthcare provider organizations, perinatal educators, doulas, childbirth educators, lactation consultants and counselors, home visitation programs and others who work with prenatal and postpartum individuals to standardize education and outreach materials to promote consistent, bias-free messages on basic breastfeeding management and support that also encompass information on the critical roles of fathers, partners, and grandparents in lactation support.
2. Increase and improve breastfeeding education within the curricula of New Jersey-based medical, dental, midwifery and nursing schools and include additional lactation education within their residency programs and clinical rotations.
3. Include within improved education programs information about New Jersey laws that support breastfeeding families including workplace requirements of the Law Against Discrimination and paid Family Leave programs.
4. Develop systems and policy changes within medical and dental residency programs that foster a culture that supports pregnant and breastfeeding students and residents and increases awareness of the New Jersey Hospital Licensing Standards and workplace support provisions of the New Jersey Law Against Discrimination.
5. Increase and expand lactation continuing education opportunities for all healthcare providers and allied health professionals that serve pregnant and postpartum patients, infants, and children.
6. Review available programs including the EPIC-BEST (Educating Practices/Physicians in their Communities—Breastfeeding Education Support and Training) and Institute for Breastfeeding and Lactation Education (IABLE) programs and develop and promote a medical office training program on establishing a breastfeeding-friendly office practice for obstetrical, pediatric, family practice, dental and midwifery office practices.
7. Require education on breastfeeding and frenotomies in pediatric, family practice, obstetrical and dental residency programs.
8. Develop and publicize a "Breastfeeding Friendly Office" recognition program for healthcare providers.
9. Explore the development of a Breastfeeding Medicine Fellowship program in New Jersey.
10. Promote the training of healthcare providers, nurses, doulas, childbirth educators, home visitation programs, lactation consultants and counselors and their staffs about New Jersey paid family leave programs including NJ temporary Disability Insurance and NJ Family Leave Insurance.
11. Develop and disseminate an outreach toolkit on New Jersey paid leave insurance programs and develop a training program based on it (approved for continuing education credit) for lactation consultants and counselors at hospitals, FQHCs, clinics, WIC, physician offices and in private practice.

PARTNERS:

NJ Department of Health

NJ Department of Human Services

NJ Department of Children and Families

NJ Hospital Association

American Academy of Pediatrics, NJ Chapter

American Academy of Obstetricians and Gynecologists— NJ (ACOG-NJ)

Academy of Nurse Midwives, NJ Academy of Family Physicians

NJ State Nurses Association

Association of Women's Health Obstetric and Neonatal Nurses NJ

NJ Medical and Dental Schools

NJ Breastfeeding Coalition

NJ Women, Infants, and Children (WIC)

NJ Medical Schools

NJ Dental Association

National Association of Nurse Practitioners

NJ Maternal Child Health Consortia

NJ Time to Care Coalition

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 10– INCLUDE BASIC SUPPORT FOR BREASTFEEDING AS A STANDARD OF CARE FOR MIDWIVES, OBSETETRICIANS, FAMILY PHYSICIANS, NURSE PRATITIONERS AND PEDIATRICIANS.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 2.4

INCLUDE BASIC SUPPORT FOR BREASTFEEDING AS A STANDARD OF CARE FOR MIDWIVES, OBSTETRICIANS, FAMILY PHYSICIANS, NURSE PRACTITIONERS AND PEDIATRICIANS.

1. Explore ways to establish minimum requirements for all midwives, physicians across all specialties, nurse practitioners and physician assistants to receive lactation continuing education as part of their New Jersey licensing and hospital credentialing processes.
2. Foster the inclusion of skilled lactation support personnel in outpatient healthcare settings where families receive primary and obstetrical care.

PARTNERS:

NJ Department of Health

NJ Hospital Association

American Academy of Pediatrics

National Association of Nurse Practitioners, NJ Chapter

NJ Maternal Child Health Consortia

American College of Obstetricians and Gynecologists

NJ Academy of Nurse Midwives

NJ Academy of Family Physicians

NJ State Nurses Association

NJ Board of Medical Examiners

NJ Board of Dentistry

NJ Board of Nursing

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 11— ENSURE ACCESS TO SERVICES PROVIDED BY INTERNATIONAL BOARD-CERTIFIED LACTATION CONSULTANTS.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 2.5

ENSURE ACCESS TO SERVICES PROVIDED BY DIVERSE INTERNATIONAL BOARD-CERTIFIED LACTATION CONSULTANTS (IBCLC's), LACTATION COUNSELORS AND BREASTFEEDING MEDICINE PHYSICIANS.

1. Explore the development of an insurance and Medicaid credentialing system for IBCLCs and Lactation Counselors which ensures payment for skilled lactation support.
2. Develop a needs assessment for IBCLC licensing in New Jersey.
3. Explore innovative funding and scholarship sources for IBCLC and lactation counselor education and clinical programs to address barriers to entry into these programs, especially those experienced by peer counselors and low income and racially/ethnically diverse candidates for IBCLC and lactation counselor certification.
4. Promote within hospitals, Federally Qualified Healthcare Centers, physician, midwifery, and nurse practitioner practices the creation of lactation internship and clinical programs that accept candidates from diverse backgrounds including those utilizing Pathway 1 of the International Board of Lactation Consultant Examiners (ILCE) certification pathways.
5. Explore the development of IBCLC and lactation counselor education IBLCE Pathway 2 programs in county and community colleges and universities.

PARTNERS:

NJ Department of Health

NJ Department of Banking and Insurance

NJ Breastfeeding Coalition

NJ IBCLC Association

Perinatal Health Equity Foundation

NJ Division of Consumer Affairs

NJ Board of Medical Examiners

Maternal Child Health Consortia

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 12– IDENTIFY AND ADDRESS OBSTACLES TO GREATER AVAILABILITY OF SAFE BANKED DONOR MILK FOR FRAGILE INFANTS.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 2.6

IDENTIFY AND ADDRESS OBSTACLES TO GREATER AVAILABILITY OF PASTEURIZED HUMAN DONOR MILK FOR INFANTS WHO NEED IT, ESPECIALLY FRAGILE INFANTS.

1. Collect information from all New Jersey birthing hospitals on the use of pasteurized donor human milk in their Neonatal Intensive Care Units (NICUs), special care nurseries and postpartum units.
2. Develop and disseminate, in collaboration with insurance, hospital, pediatric and neonatal stakeholders, streamlined procedures and practices necessary to obtain insurance and Medicaid reimbursement for pasteurized human donor milk for fragile infants in the hospital and post discharge, as provided for by existing New Jersey law, and for well infants who need it to bridge their breast milk intake prior to hospital discharge in the event their mother's milk supply is not large enough to meet infant needs.
3. Promulgate, through the Department of Health, all regulations on the accreditation for donor human milk banks in New Jersey necessary to implement P.L. 2017, c. 247.
4. Develop model hospital policies for NICUs and well-baby units for the use of pasteurized donor human milk.
5. Create a toolkit for hospitals and outpatient healthcare providers for obtaining and using pasteurized donor human milk including information on insurance coverage, necessary documentation and training in the handling and dispensing of human milk and procedures for obtaining insurance reimbursement.
6. Create a training tool for pediatricians and neonatologists which includes evidence-based information on human milk banking, the importance of pasteurized donor human milk in the NICU and for well babies whose parent cannot produce breast milk in sufficient quantities for the infant, information about dispensing milk and suggested scripting for speaking to parents about the choice to use pasteurized donor human milk.
7. Create a toolkit for healthcare inpatient and outpatient healthcare providers regarding prescribing pasteurized donor human milk for patients which includes information on eligibility, necessary documentation, and insurance reimbursement procedures.

PARTNERS:

NJ Hospital Association

NJ Department of Banking and Insurance

NJ Department of Health

Health Insurance Companies

Human Milk Banking Association of North America

NJ Breastfeeding Coalition

American Academy of Pediatrics

NJ Human Milk Banks

Maternal Child Health Consortia

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 13— WORK TOWARD ESTABLISHING PAID MATERNITY LEAVE FOR ALL EMPLOYED CHILDBEARING PARENTS.

ACTION 14— ENSURE THAT EMPLOYERS ESTABLISH AND MAINTAIN COMPREHENSIVE HIGH-QUALITY LACTATION SUPPORT PROGRAMS FOR THEIR EMPLOYEES.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 3.1

MAXIMIZE AWARENESS AND ENFORCEMENT OF PROTECTIONS AND ACCOMMODATIONS FOR BREASTFEEDING EMPLOYEES IN NEW JERSEY'S LAW AGAINST DISCRIMINATION AND AWARENESS AND UTILIZATION OF NEW JERSEY'S PAID FAMILY LEAVE PROGRAMS.

1. Develop a joint public awareness campaign to inform state citizens, government agencies and public and private employers about the New Jersey paid family and medical leave insurance programs and the breastfeeding anti-discrimination and accommodations provisions of the New Jersey Law Against Discrimination.
2. Expand enforcement by New Jersey state agencies of the state laws protecting and accommodating breastfeeding and lactation in the workplace and paid leave notification requirements.
3. Establish within a state department or agency a Parent-Friendly designation program that recognizes, with an official seal, New Jersey employers with exemplary policies and practices on paid family leave notification and breastfeeding accommodations, including breast milk expression, and allowing breast milk expression and access to babies for direct breastfeeding/chest feeding at work.
4. Ensure all state office buildings, colleges, universities, and primary and secondary schools have breastfeeding accommodations that comply with state law.
5. Create and make available online no cost training programs and a toolkit for employers, government agencies, businesses and educational facilities that includes, but is not limited to, know-your-obligations resource materials from the NJ Division on Civil Rights and the NJ Department of Labor, sample workplace pumping and family leave policies, facts on the business benefits of supporting breastfeeding employees, resources on addressing breastfeeding cultural barriers and stigma, success stories, and outreach materials for employees and students on paid family leave and workplace right to express milk.
6. Develop and make available online no cost training programs, and a toolkit utilized by public and private programs serving parents, infants, and toddlers such as WIC, SNAP- Ed, food pantries, childcare providers, family care providers, home visitation programs, community health workers, Central Intake programs, doulas and faith-based community support programs and others.
7. Create employee know-your-rights materials on paid leave programs and required breastfeeding/lactation accommodations that should be included in employee manuals and on company/employer intranet self- service portals.
8. Develop, broadcast, and disseminate a multi-media campaign utilizing traditional and social media marketing including well known personalities and showing parents how to have a conversation with their employer about obtaining family leave and breastfeeding accommodations.
9. Include on New Jersey government websites and NJ Parent Link resources for employers on how to support breastfeeding employees.
10. Explore potential for requiring employers to provide paid break time for milk expression in the workplace.

POTENTIAL PARTNERS:

NJ Department of Health

NJ Department of Labor

NJ Division on Civil Rights

NJ Chamber of Commerce

NJ Colleges and Universities

SNAP and SNAP-Ed

NJ Women, Infants, and Children (WIC)

Home Visitation Programs

NJ Breastfeeding Coalition

NJ Business and Industry Association Hispanic Employers Association

African American Chamber of Commerce of NJ

NJ Parent Link

Employer Association of NJ

NJ Education Association

NJ Association of School Administrators

Childcare Resource and Referral Agencies

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 15—EXPAND THE USE OF PROGRAMS IN THE WORKPLACE THAT ALLOW LACTATING PARENTS TO HAVE DIRECT ACCESS TO THEIR BABIES.

STRATEGY 3.2

ENCOURAGE AND EXPAND WORKPLACE PROGRAMS THAT ALLOW PARENTS TO BRING THEIR BABY TO WORK AND PERMIT LACTATING PARENTS TO HAVE DIRECT ACCESS TO THEIR BABIES.

1. Explore ways businesses and educational institutions should study and adopt "infant- to-work" programs and other direct access to baby programs, such as those in effect in state government in Arizona, New Hampshire, Vermont, and Washington.
2. For those workplaces where "infant-to-work" programs are not feasible, explore incentives for employers that establish, subsidize, and support on-site infant and childcare centers and family care providers and telecommuting.

POTENTIAL PARTNERS:

NJ Department of Health

NJ Department of Labor and Workforce Development

Hispanic Employers Association

NJ Colleges and Universities

NJ Breastfeeding Coalition

NJ Division on Civil Rights

Employer Association of NJ

NJ Chamber of Commerce

NJ Business and Industry Association

African American Chamber of Commerce of NJ

NJ Education Association

NJ Association of School Administrators

NJ Association of County and City Health Officials (NJACCHO)

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 16— ENSURE THAT ALL CHILDCARE PROVIDERS ACCOMMODATE THE NEEDS OF BREASTFEEDING INFANTS.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 3.3

ENSURE THAT ALL LICENSED AND REGISTERED CHILDCARE PROVIDERS SERVING INFANTS AND TODDLERS ACCOMMODATE THE NEEDS OF BREASTFEEDING AND LACTATING PARENTS IN NEW JERSEY.

1. Collect data on the existence of breastfeeding/lactation support policies within childcare serving infants and toddlers and their current prevalence in licensed and registered childcare settings in the state.
2. Foster the creation of a model breastfeeding/lactation policy for licensed and registered infant/toddler childcare providers, through collaboration with the Department of Health, the Office of Licensing in the Department of Children and Families (DCF), the Department of Human Services (DHS) and other statewide organizations and partners involved in childcare support and policy.
3. Develop a model breastfeeding/lactation policy and lactation support competencies that require orientation and annual training for all staff regarding the policy and competencies for license and registered childcare centers.
4. Ensure that childcare centers serving infants and toddlers have adopted the state model breastfeeding/ lactation policy and breastfeeding/lactation competencies.
5. Ensure that childcare centers serving infants and toddlers have established staff orientation programs that include their breastfeeding/lactation policy and lactation competencies.
6. Develop training tools that enable childcare providers working within infant and toddler classrooms to receive annual training of no less than two hours and to be able to annually demonstrate competencies for breastfeeding support in childcare settings.
7. Establish and publicize a Breastfeeding Friendly Childcare Center Designation program through interagency collaboration with other statewide organizations and partners involved in childcare support and policy.
8. Incorporate the Breastfeeding Friendly Childcare Designation into the Grow NJ Kids Quality Rating Improvement Rating System standards.
9. Ensure that childcare facilities provide a comfortable place for breastfeeding parents to breastfeed and/or express milk in the facility and inform staff and parents that the New Jersey public breastfeeding law also allows parents to breastfeed in other facility locations where they are otherwise comfortable aside from the designated area.

PARTNERS:

NJ Department of Health

NJ Department of Human Services

NJ Department of Children and Families

NJ Department of Agriculture, Child, and Adult Care Food Program

Grow NJ Kids

NJ Early Head Start Association

Grow NJ Kids Technical Assistance Center

Family-Based Infant/Toddler Childcare Operators

Women, Infants, and Children (WIC)

Regional Childcare Health Consultants

Childcare Center Operators

NJ Breastfeeding Coalition

Child Care Resource and Referral Agencies

Child Care Aware NJ

Montclair State University

Rutgers Cooperative Extension

NJ Department of Family and Community Health Sciences

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 17—INCREASE FUNDING OF HIGH- QUALITY RESEARCH ON BREASTFEEDING.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 4.1

INCREASE FUNDING OF HIGH-QUALITY RESEARCH ON BREASTFEEDING AND LACTATION.

Identify public and private funding to underwrite new quantitative and qualitative state and local research on breastfeeding/lactation/chest feeding that will enhance lactation and lactation policy knowledge, test potential interventions and will promote, protect, and support breastfeeding and feeding of human milk.

PARTNERS:

US Department of Health and Human Services

NJ Department of Health

National Institutes of Health

Private Grant Foundations and Funding Organizations

NJ Breastfeeding Coalition

Maternal Child Health Consortia

NJ Maternal Care Quality Collaborative

NJ Universities

NJ Hospitals

Research Organizations

NJ Association of County and City Health Officials (NJACCHO)

NJ Physician Organizations

Institute for Food, Nutrition, and Health at Rutgers University-New Brunswick

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 18— STRENGTHEN EXISTING CAPACITY AND DEVELOP FUTURE CAPACITY FOR CONDUCTING RESEARCH ON BREASTFEEDING.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 4.2

INCREASE CAPACITY FOR CONDUCTING BREASTFEEDING AND LACTATION RESEARCH IN NEW JERSEY.

1. Identify or establish an organization to serve as the lead for a collaborative network of state-based lactation researchers and catalogue current lactation-related research projects.
2. Create a state-level central repository for lactation-related data, research, literature, and resources, including the list and information of current breastfeeding interventions and campaigns in the state.
3. Enhance the training of community organization members and support their efforts to undertake research on parents' and children's health and lactation support in their communities in collaboration with government, universities, and others.

PARTNERS

NJ Department of Health and Other Interested State Agencies

Private Grant Foundations and Funding Organizations

NJ Breastfeeding Coalition

Maternal Child Health Consortia

NJ Universities

Research/Health Quality Organizations

State and Local Breastfeeding Advocacy and Support Organizations

NJ Physician, Midwife, and Nurse Organizations

NJ Association of County and City Health Officials (NJACCHO)

NJ Maternal Care Quality Collaborative

NJ Hospitals

NJ American Academy of Pediatrics (NJAAP)

Institute for Food, Nutrition, and Health at Rutgers University-New Brunswick

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 19— DEVELOP A NATIONAL MONITORING SYSTEM TO IMPROVE TRACKING OF BREASTFEEDING RATES AS WELL AS THE POLICIES AND ENVIRONMENTAL FACTORS THAT AFFECT BREASTFEEDING.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 4.3

INCREASE AVAILABILITY OF BREASTFEEDING RELATED DATA STATEWIDE.

1. Develop a method to disseminate standardized breastfeeding initiation, duration, exclusivity, and disparities data as well as information on breastfeeding laws, policies and environmental factors that affect breastfeeding.
2. Coordinate data collection methods to measure outcomes from the implementation strategies contained in this Breastfeeding Strategic Plan.
3. Collect from all state delivery hospitals and birth facilities information on maternity patients' infant feeding intention at hospital admission and their utilization of Baby Friendly Hospital Initiative practices, including but not limited to skin to skin contact immediately following birth, rooming in, healthcare staff training and others.
4. Establish, within the Department of Health, a mechanism to collect data on breastfeeding duration during an infant's first year.
5. Institute a program within the Department of Health to collect lactation-related data and practices from all New Jersey neonatal intensive care units.
6. Institute a system for identifying complaints filed against delivery hospitals and birthing facilities concerning breastfeeding practices that are required by the New Jersey Hospital Licensing Standards.

PARTNERS:

NJ Department of Health

NJ Maternal Data Center

Other Interested State Agencies

National Institute of Health

Private Grant Foundations and Funding Organizations

NJ Breastfeeding Coalition

Maternal Child Health Consortia

NJ Universities

NJ Physician, Midwife, and Nurse Organizations

NJ Maternal Care Quality Collaborative

NJ American Academy of Pediatrics (NJAAP)

SURGEON GENERAL'S CALL TO ACTION TO SUPPORT BREASTFEEDING:

ACTION 20— IMPROVE NATIONAL LEADERSHIP ON THE PROMOTION AND SUPPORT OF BREASTFEEDING.

NJ Breastfeeding Strategic Plan (NJBSP): STRATEGY 5.1:

IMPROVE STATE PUBLIC HEALTH INFRASTRUCTURE TO COORDINATE POLICY ON THE PROMOTION AND SUPPORT OF BREASTFEEDING AND BREAST MILK FEEDING.

STRATEGY 5.2:

IMPROVE COUNTY AND LOCAL LEADERSHIP ON THE PROMOTION AND SUPPORT OF LACTATION.

1. As indicated in Strategy 1.1 above, establish a position of State Breastfeeding Coordinator who will be responsible for initiating and implementing statewide breastfeeding policy and facilitating coordination and communication on state breastfeeding initiatives among all relevant state government entities, including WIC, SNAP and SNAP-Ed programs and other programs and serve as liaison to stakeholders and community-based organizations.
2. Include breastfeeding representation on the New Jersey Maternity Care Quality Collaborative (NJMCQC) and within other statewide initiatives to address maternal, infant and child health.
3. Include breastfeeding representation on the statewide Maternal and Infant Health Strategic Plan team.
4. Foster the development of county and local breastfeeding coalitions and local organizations that include representatives from healthcare, community, educational, faith-based, childcare, and other organizations that can serve as advocates and clearinghouses of information on services for families with infants and toddlers to augment lactation continuity of care efforts.
5. Increase the capacity of the New Jersey Breastfeeding Coalition to work collaboratively with the state Department of Health on breastfeeding and lactation initiatives.
6. Increase support for educational and quality improvement activities in partnership with professional and community organizations.

PARTNERS:

NJ Department of Health

NJ Association of County and City Health Officials (NJACCHO)

NJ Breastfeeding Coalition

NJ Maternity Quality Care Collaborative

NJ Hospital Association

Federally Qualified Health Centers

Community Organizations

Healthy Start

Maternal Child Health Consortia

New Physician, Midwife, and Nurse Organizations

NJ Maternal Care Quality Collaborative

American Academy of Pediatrics

Nurture NJ

Appendix C: New Jersey Breastfeeding Strategic Planning Committee

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Appendix F: References

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