

Breastfeeding and Doula Support

About Technical Assistance Briefs. The MCH Evidence Center provides ongoing technical assistance (TA) to Title V agencies related to the emerging evidence base, strategies, and measures related to many topics interconnected with National Performance Measures and other critical topics in MCH. *Technical Assistance Briefs* are an outcome of these TA sessions that are designed to act as *conversation starters* in thinking about programs that can be developed to address issues that affect women, infants, children, adolescents, youth, families, and communities. These briefs are not meant to be comprehensive; full analyses of the NPM topic areas are provided in [Evidence Analysis Reports](#).

The Center makes these customized briefs available during TA and on the program website to identify evidence-based/informed strategies, promising practices, examples of ESMs from the field and peer-reviewed resources. Please [contact us](#) if you would like us to develop a similar report for topics that you are working on.

Initial Query for this Brief. Identify measures and best practices around Breastfeeding and Doula Support.

Evidence-Based Strategy Measures

ESM: Program Integration. These ESMs have been chosen by other states. You can review the ESMs to see if any resonate with your goals. Evidence Center staff are available to talk through how you could modify select ESMs to serve your needs.

State	ESMs
	Breastfeeding
AS	ESM 4.2 Percentage of providers and health educators receiving breastfeeding TA training.
AS	ESM 4.4: Percentage of postpartum women who received a home-visit from any DOH personnel that works closely with this population, providing breastfeeding support
VA	ESM 4.1 Development of a coordinated action plan of gap-filling activities for breastfeeding programming across VDH divisions
UT	ESM 4.1 The proportion of live births that occur in facilities that have met all requirements set by the Stepping up for Utah Babies program to become a “Breastfeeding Friendly Facility.”
GA	ESM 4.1 Percent of the 10-Steps to Successful Breastfeeding training slots utilized by staff and providers from the state's birthing hospitals
ME	ESM 4.1 Percent of Public Health Nurses, WIC and Maine Families Home Visitors trained as Certified Lactation Counselors
IL	ESM 4.1 Percent of live births occurring in Baby-Friendly hospitals
MI	ESM 4.1 Percent of Baby-Friendly designated birthing hospitals in Michigan
AZ	ESM 4.1 Number of home visitors trained to receive a lactation counseling or breastfeeding support certification over the next 5 years.

AZ	ESM 4.3 Number of local county health departments working on strategies to promote breastfeeding through the Title V-funded MCH Healthy Arizona Families IGA
OR	ESM 4.1 Number of health care providers trained in breastfeeding support
NC	ESM 4.1 Number of eligible WIC participants who receive breastfeeding peer counselor services
IA	ESM 4.1 Number of businesses or organizations who were provided education by Title V agencies in the past year about the importance of strong policies to support breastfeeding through or beyond 6 months of age
TN	ESM 4.1 Number of average monthly calls to Tennessee Breastfeeding Hotline (TBH)
NV	ESM 4.1 Percent of Nevada PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends
SC	ESM 4.1 Conduct a SWOT analysis with lactation support professionals to strengthen statewide breastfeeding efforts
TN	ESM 4.14 Recognition process implemented for Breastfeeding Welcomed Here (BFWH)-designated businesses
TX	ESM 4.2 Number of Texas birthing facilities that receive information and technical assistance to facilitate integration of the WHO/UNICEF Ten Steps to Successful Breastfeeding
UT	ESM 4.3 Survey women who utilize lactation policies and/or lactation rooms at the workplace to share their thoughts about lactation accommodations to determine barriers, supports, and breastfeeding acceptance
DC	ESM 4.3 Number of staff that completed breastfeeding education training.
TX	ESM 4.3 Number of employers who receive information and technical assistance on Mother-Friendly breastfeeding support policies
TN	ESM 4.5 Percent of health care providers who complete 20-hour lactation education training
TN	ESM 4.6 Number of credentialed lactation professionals within WIC
Doula	
PA	ESM 1.4 Number of community-based doulas trained in communities served by the program
NM	ESM 3.2 Number of community health workers, doulas or promotoras de salud certified in perinatal health modules through the NM Department of Health or colleges
AZ	ESM 1.8 Number of individuals trained to become community-based doulas

Evidence-Based Strategies – What Works for Health

The following programs have been identified as effective models related to breastfeeding:

Title	Link	Category
Early Childhood Home Visiting Program	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/early-childhood-home-visiting-programs	Scientifically Supported
CenteringPregnancy	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/centeringpregnancy	Scientifically Supported

Paid Family Leave	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/paid-family-leave	Scientifically Supported
Nurse-Family Partnership (NFP)	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/nurse-family-partnership-nfp	Scientifically Supported
Breastfeeding Promotion Programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/breastfeeding-promotion-programs	Scientifically Supported
Workplace Supports for Breastfeeding	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/workplace-supports-for-breastfeeding	Some Evidence
Healthy Families America (HFA)	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/healthy-families-america-hfa	Some Evidence

Evidence-Based Strategies – Innovation Hub

The following programs have been identified as effective models related to breastfeeding and doula support:

Title	Link	Category
Breastfeeding		
Welcome Family	https://amchp.org/wp-content/uploads/2021/05/Welcome-Family.pdf	Promising
Birth and Beyond California: Hospital Breastfeeding Quality Improvement and Staff Training Demonstration Project	https://amchp.org/wp-content/uploads/2021/05/Birth-and-Beyond-CA_2015-1.pdf	Promising
Breastfeeding Training.org	https://amchp.org/wp-content/uploads/2021/05/Breastfeeding-Training_2015.pdf	Emerging
Communities Supporting Breastfeeding	https://amchp.org/wp-content/uploads/2021/05/Communities-Supporting-Breastfeeding.pdf	Emerging
Baby Steps to Breastfeeding Success	https://amchp.org/wp-content/uploads/2021/05/Baby-Steps-to-Breastfeeding_2015.pdf	Emerging
Sisters United: Promoting Healthy Habits, Protecting Our Babies	https://amchp.org/database_entry/sisters-united-promoting-healthy-habits-protecting-our-babies/	Emerging
Reducing Breastfeeding Disparities in California through Lactation Accommodation Workgroup Agenda	https://amchp.org/wp-content/uploads/2021/05/Lactation-Accommodation-Workgroup_Practice-Handout-CuttingEdge.pdf	Cutting Edge

Doula Programs		
HealthConnect One Community-Based Doula Program	https://amchp.org/wp-content/uploads/2021/05/HealthConnect.pdf	Best
GROWTH with Doulas and Dads	https://amchp.org/wp-content/uploads/2021/05/Tampa-Bay-Doula_2015.pdf	Emerging
Reducing the Risk of SIDS and Other Sleep-related Infant Deaths through the Design and Deployment of Free Educational Apps for Mobile Phones	https://amchp.org/wp-content/uploads/2021/05/SIDS_Practice-Handout-Emerging.pdf	Emerging
Expansion of Community-Based Doulas Through Medicaid Reimbursement	https://amchp.org/wp-content/uploads/2022/03/2021_New-Jersey-Doula-Medicaid-Coverage_Development-Handout.pdf	Policy Development

MCHbest Strategies

Family Leave, Workplace Policies, State Laws

Approach. Provide trainings and other supports on workplace Mother-Friendly breastfeeding support policies (e.g., employer-provided break time and private space to breastfeed) across the state/jurisdiction.

Evidence. *Emerging.* There is some evidence of the effectiveness for training on the importance of family leave, workplace policies, and passing of state laws related to breastfeeding initiation and exclusivity at 6 months. Initial studies trend positive for these activities, yet more research is needed for conclusive results. [Access the peer-reviewed evidence](#) through the MCH Digital Library. (Read more about [understanding evidence ratings](#)).

Group Education

Approach. Promote the use of group education for pregnant women around breastfeeding practices.

Evidence. *Mixed Evidence.* There is a mixture of both positive and inconclusive evidence on group education and its influence on increasing both breastfeeding initiation and exclusivity at 6 months. However, this strategy still appears to be effective in many settings. [Access the peer-reviewed evidence](#) through the MCH Digital Library. (Read more about [understanding evidence ratings](#)).

Home Visits (Professionals Other than Lactation Consultants or Peer Counselors)

Approach. Provide training and coaching to MIECHV home visiting staff to promote breastfeeding best practices.

Evidence. *Moderate.* Home visits provided by professionals (other than lactation consultants or peer counselors) appear to be effective for increasing both breastfeeding initiation and exclusivity at 6 months. Programs based on this strategy are likely to work. This strategy has been tested more

than once and results trend positive overall. [Access the peer-reviewed evidence](#) through the MCH Digital Library. (Read more about [understanding evidence ratings](#)).

Hospital Policies

Approach. Promote Baby Friendly policies for hospital systems across the state/jurisdiction.

Evidence. *Mixed Evidence.* There is a mixture of both positive and inconclusive evidence on hospital policies and their influence on increasing breastfeeding initiation. However, this strategy still appears to trend positive across a range of studies. [Access the peer-reviewed evidence](#) through the MCH Digital Library. (Read more about [understanding evidence ratings](#)).

Provider Training

Approach. Provide training to health care providers around breastfeeding best practices.

Evidence. *Emerging.* There is some evidence of the effectiveness for provider training only on breastfeeding initiation and exclusivity at 6 months. More research is needed for conclusive results. [Access the peer-reviewed evidence](#) through the MCH Digital Library. (Read more about [understanding evidence ratings](#)).

WIC Food Package Change

Approach. Enhance the number of families participating in the fully-breastfed WIC food package change.

Evidence. *Mixed Evidence.* There is a mixture of both positive and inconclusive evidence on WIC food package change and its influence on increasing breastfeeding initiation and exclusivity at 6 months. However, this strategy still appears to trend positive across multiple studies. [Access the emerging peer-reviewed evidence](#) through the MCH Digital Library. (Read more about [understanding evidence ratings](#)).

Lactation Consultants

Approach. Maintain a 24-hour breastfeeding hotline staffed by a bilingual certified lactation consultant.

Evidence. *Moderate.* Lactation consultant interventions appear to be effective for increasing both breastfeeding initiation and exclusivity at 6 months. Programs based on this strategy are likely to work. This strategy has been tested more than once and results trend positive overall. [Access the peer-reviewed evidence](#) through the MCH Digital Library. (Read more about [understanding evidence ratings](#)).

Peer Counselors

Approach. Utilize breastfeeding peer counselors through WIC programs.

Evidence. *Moderate.* Peer counselor interventions appear to be effective and are more likely to influence initiation than exclusivity at 6 months. Programs based on this strategy are likely to work. This strategy has been tested more than once and results trend positive overall. [Access the peer-reviewed evidence](#) through the MCH Digital Library. (Read more about [understanding evidence ratings](#)).

Supportive Care from Lay Doulas

Approach. Implement a statewide community-based doula program which contracts to local hospitals.

Evidence. Emerging. Labor support, which includes supportive care from trained doulas, appears to be an effective provider-based intervention to reduce cesarean deliveries among low-risk first births. This strategy has been tested more than once and results trend positive overall. [Access the peer-reviewed evidence](#) through the MCH Digital Library. (Read more about [understanding evidence ratings](#)).

Resources for Increasing Workforce Capacity around Youth and Family Engagement

[The role of law and policy is assisting families to reach Healthy People’s maternal, infant, and child health breastfeeding goals in the United States.](#) This report reviews federal and state laws and policies that can enable women to initiate and sustain breastfeeding successfully through the first year of the infant's life. It reviews the effect of health care delivery, insurance coverage, paid parental leave, workplace and child care policies, and legal protections for breastfeeding in public spaces. It also considers integration of breastfeeding into existing public health and assistance programs. The report concludes with a review of emerging trends and research needs informing future efforts to enable breastfeeding, thereby improving health across 2 generations.

https://www.healthypeople.gov/sites/default/files/MICH_report_2020.05.04_508_0.pdf

[Strengthen the evidence base for maternal and child health programs: NPM 4: Breastfeeding \[NPM 4 brief\].](#) This brief identifies evidence-informed strategies for state Title V programs to consider to increase the percent of infants who are ever breastfed and the percent of infants breastfed exclusively through 6 months of age. Contents include information about the evidence continuum and the approach to the review, including examples of each type of intervention and its evidence rating; key findings; and implications.

https://www.mchevidence.org/documents/reviews/npm_4_breastfeeding_evidence_review_brief_january_2018.pdf

[Caring for your baby and young child: Birth to age 5.](#) This guide to the first five years of life gives parents and caregivers comprehensive guidance on essential baby and childcare topics including breastfeeding, immunizations, sleep, and much more. All of the advice, including the complete health encyclopedia, has been fully revised and updated to reflect current AAP policy <https://shop.aap.org/caring-for-your-baby-and-young-child-paperback/>

[Advice about eating fish: For women who are or might become pregnant, breastfeeding mothers, and young children.](#) This chart is designed to help pregnant women and parents choose which fish to eat, and how often to eat them, based on their mercury levels. Contents include best choices (lowest levels of mercury), good choices, and choices to avoid (highest mercury levels) and the number of servings per day. A description of serving sizes for adults and young children (ages 4 to 7) is included.

<https://www.fda.gov/food/consumers/advice-about-eating-fish>

[Strengthen the evidence base for maternal and child health programs: NPM 2-Low-risk cesarean deliveries \[NPM 2 brief\].](#) This brief and evidence review summarize the literature on evidence-based and evidence-informed strategies to promote the safety and

effectiveness of receiving oral health care during pregnancy. They provide background information on oral health during pregnancy, discuss key research methods and results, and present key findings and implications.

https://www.mchevidence.org/documents/reviews/npm_2_low_risk_cesarean_delivery_evidence_review_brief_feb_2017.pdf

Nowhere to go: Maternity care deserts across the U.S. This report builds upon the 2018 report and continues to identify counties where a woman's access to maternity health services may be limited or absent. It describes policy solutions and actions; gives summary data about maternity care deserts with a map showing each county in the U.S. and its level of access to maternity care; characteristics of maternity care deserts; information about and maps of hospitals, birth centers, providers, midwives and doulas; health insurance coverage; perinatal regionalization and risk-appropriate levels of care; and the covid-19 pandemic and access to maternity care. <https://www.marchofdimes.org/materials/2020-Maternity-Care-Report.pdf>

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Access other resources at <https://www.mchevidence.org>

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